

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

DEPARTMENT OF CLASSICS

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PRIOR AUTHORIZATION Travel Ro	equest Form (policy 1501)	CHAPEL HILL, NC 27599-3145	www.classics.unc.edu
Traveler's Name:			
Conference/Location Attending			
Travel to: City/State/Country			
Purpose of Travel:			
- -			
Dates of Travel:			
Substitute teaching covered by:			
All business travel must support the m approvals, and be carefully planned to possible.	ission of the University of N		
If you will be traveling for personal re and Personal Travel Justification and		o, you must complete a Comb	oined Business
For conference registration fees that we registration form. What is the payment			_
Will you be submitting expenses for re (NOTE: Reimbursement details must be			trip.)
For International Travel Only:			
How will UNC travel insurance covera	age be paid? Acct/Fund	Direct payment by	
Faculty are required to purchase UNC purchase non-UNC coverage in select		•	-
**If you are traveling internationally y Registry. http://globaltravel.unc.edu/lo the Carolina community who may find	ogin.cfm This registry is to f	facilitate communication with	h members of
Traveler's Signature	Date	_	
Approved by:			
Donald Haggis, Chair, Department of	Classics Date	_	
Office Use: C# T#	Insurance processed	Updated 1/07/	/2021