

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

DEPARTMENT OF CLASSICS

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PRIOR AUTHORIZATION Travel Re	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 mi approvals, and be carefully planned to a possible.	•	· · · · · · · · · · · · · · · · · · ·	
Do you expect this trip to be funded the If yes, please identify funding source _ (NOTE: Reimbursement details must be For graduate students: Your travel awa your travel reconciliation form and the please contact office staff.)	be submitted within 5 busing rd will be paid as a lump s	ness days of return from your um. Funds will be released on	nce we receive
For conference registration fees that wi card or the travel and expense card. Do	= -		t purchasing
Will you attend this conference in-pers	•	Virtual	
For faculty: If you will be traveling for Combined Business and Personal Trav	•		
For International Travel Only:			
How will UNC travel insurance covera	ge be paid? Acct/Fund	OR Direct payment by	/
Faculty are required to purchase UNC purchase non-UNC coverage in select or contact <u>Janet Hoernke</u>).	0 00	•	-
All international travel must be approve policies/	ed by the Chancellor. https	s://global.unc.edu/travel-opera	ations/travel-
Traveler's Signature	Date		

Office Use: Concur#_____Updated 12/20/2021