Authorization to Travel
Department of Civil and Environmental Engineering

This form is for use by faculty for travel. The purpose of the form is to ensure alternate arrangements are made for your classes. The completed form is submitted to the Department Head for signature at least one week prior to travel dates.

Name: ___________________________ Today’s Date: ________________

Departure Date: ________________ Return Date: ________________

Destination: ___________________________

Purpose of Trip: _____________________________________________

Please write a short description of your travel activities for use on the website/newsletter. For example: ‘Richard Palmer recently presented an invited paper at the Northwest Hydroelectric Association’s annual meeting (February 16-18) in Portland Oregon. Dr. Palmer presented the results of a two year study sponsored by the Snohomish Public Utility District. The study funded the development and application of a decision support system that guides the management of a hydropower system that provides drinking water, flood protection, and environmental flows for fish, in addition to generating energy. The study illustrated the benefits of the decision support system, described how it had been used on a weekly basis during the last year to aid in decision making, and proposed alternatives to current operating policies.’

Coverage for classes and/or other assignments have been arranged as follows:

☐ Rescheduled to a new day(s) and time(s). Please enter date(s) and time(s):

☐ Covered by another faculty member. Please identify:

☐ Covered by an advanced doctoral student. Identify and list qualifications to teach the class:

Other:

Complete this portion ONLY if you will seek reimbursement from Department funds.

☐ Requesting reimbursement from Start Up funds

☐ Requesting reimbursement from Department funds previously approved by Department Head for tenure track faculty

☐ Faculty share of Salary Recovery Program

☐ Other Department Head prior approval for use of Department funds

Estimated Total Costs: ____________________________

Approved by Department Head: ____________________________ Date: ____________________________