

**Department of Mathematical Sciences
ABSENCE NOTIFICATION - TRAVEL REQUEST FORM**

NAME: _____

DATE: _____

DESTINATION: _____

DEPARTURE DATE: _____

RETURN DATE: _____

PURPOSE: _____

CLASS ASSIGNMENTS WILL BE HANDLED BY: _____

If requesting financial support from department or grant, please complete the section below.

RR/Plane \$ _____

\$ _____ Grant Funds (if applicable)

Shuttle/Taxi/
Subway/Bus \$ _____

(Account Title & Purpose Code)

Mileage @ \$0.54 \$ _____

Lodging \$ _____

\$ _____ Department Funding Requested

Per Diem: Total: \$ _____

Per Day: \$ _____

of Full Days: _____

1st/last @ 75%: \$ _____

(Purpose Code)

Registration \$ _____

\$ _____ International Funding Requested
IGS Global Exchange Program Funding (IGS-Globex)

Parking \$ _____

<http://www.udel.edu/global/research/globex.html>

Total Expense \$ _____

Funding Approval / Pamela Irwin

Lou Rossi, Chair