

RIT | College of Art and Design Travel PRE-Approval Form

Faculty/Staff Travel

All university travelers must receive approval **at least one month prior to making travel arrangements** from their School Director/supervisor.

Travel Information

Faculty/Staff Name _____ Today's Date _____

CAD Program and School/Department _____

Destination _____

Destination **tax exempt?** Yes No

If yes, please take a tax-exempt form with you.

Check here: <https://www.rit.edu/fa/controller/travel/taxexempt.html>

Forms located at: <https://www.rit.edu/fa/controller/travel/taxexempt.html>

Departure Date _____ Return Date _____

Will you miss any classes? Yes No *If yes, how will your class be covered?* _____

Funding

Professional Development: Why are you going? _____

Conference Workshop Training Exhibition Other _____

I will be presenting/speaking at the event I will only be attending the event for professional development

FEAD Grant: The award letter and application of the FEAD grant must be attached when submitting this form.

Grant: The award letter specifying the amount of the grant must be attached when submitting this form.

Other: Please describe on a separate sheet if needed. _____

Budget Estimate

Follow travel policies summarized at: <https://www.rit.edu/fa/controller/content/travel-policies-procedures-manual>

Airfare \$ _____ *Use of a RIT designated agency is preferred.*

Car mileage or car rental \$ _____

Conference registration \$ _____ *Use the School's Procurement Card and provide itemized receipts.*

Lodging \$ _____

Per diem meals \$ _____

Hospitality \$ _____ *Provide a detailed rationale and a list of attendees for reimbursement.*

Misc. (taxi, bus, subway, parking, etc.) \$ _____

Total \$ _____ *

Required Approval

To be signed **BEFORE** making travel arrangements:

By my signature, I acknowledge that I have read, understand, and agree to follow the RIT travel policies and procedures summarized at: <https://www.rit.edu/fa/controller/content/travel-policies-procedures-manual> and the CAD Guidelines for Faculty and Staff Travel Reimbursement summarized on <https://inside.cad.rit.edu>.

Faculty/Staff signature _____ date _____

Recruitment Travel PRE-APPROVAL

School Director/Supervisor's signature _____ date _____

Expense Distribution Account Number: _____ *(insert school 24-digit account number)*

* For overnight trips or estimated expenses equal to or over \$500, email completed travel form to CAD Finance cadfinance@rit.edu