Carl R. Woese Institute for Genomic Biology
Request for Authority To Travel

Name ___________________________ UIN ___________________________

Traveler's Home Department ___________________________

Destination (City and State or Country) ___________________________

Dates of Trip: From __________ To __________

Airline Ticket Purchase Needed? ___________________________

Purpose of trip (Please check all that apply and include details):

☐ Present invited paper/lecture/poster at professional or scientific meeting
  Title of Meeting: ___________________________

☐ Present voluntary paper/poster at professional or scientific meeting
  Title of Meeting: ___________________________

☐ Attend Conference for professional development
  Title of Conference: ___________________________

☐ Official University/College/Department representative at function
  Function: ___________________________

☐ Collaborate with colleagues at another institution
  Institution: ___________________________

☐ Conduct research, obtain data, other
  Title of Research Project: ___________________________

☐ Call on prospective donors/sponsors of projects/programs
  Name of institution and contact: ___________________________

☐ Recruit: Faculty ☐ Students ☐ Other (please explain):
  ___________________________

Will you be reimbursed for travel expenses by any other sponsors for this trip? If so, please disclose below:
  ___________________________
  ___________________________

Traveler's Signature ___________________________ Date ___________________________ Print Name ___________________________

Advisor's Signature (Required for Student Travel) ___________________________ Date ___________________________ Print Name ___________________________

Home Department Approval ___________________________ Date ___________________________ Print Name ___________________________

IGB Business Office Approval ___________________________ Date ___________________________ Print Name ___________________________