

Request for Authorization to Travel

(Authorization is required for all air travel and multi-day ground travel.)

| TRAVELER AND DEPARTMENT INFORMATION | |
|--|--------------|
| Name: | |
| Title: | |
| Organization: | |
| Date of Request: | |
| TRIP INFORMATION | |
| Purpose/Justification of the trip and how CWRU will benefit: | |
| Departure Date: | Return Date: |
| Destination(s): | |
| Approximate Expense of Trip: | |
| CONTACT INFORMATION | |
| Contact Information for Traveler during Trip: | |
| Contact Person within Organization during Absence: | |

Absence Approved: Yes No

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Date