



## Royster Travel Pre-Approval Form

### CONTACT INFORMATION:

Name: \_\_\_\_\_ PID #: \_\_\_\_\_

Email address: \_\_\_\_\_

Department: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### TRIP INFORMATION:

Reason for Travel (select one):

- ☐ Presenting research at conference. Conference name and presentation title: \_\_\_\_\_

\_\_\_\_\_

- ☐ Giving job talk / interview. Name of company or institution: \_\_\_\_\_

\_\_\_\_\_

- ☐ Other. Please describe: \_\_\_\_\_

\_\_\_\_\_

Dates of Travel – Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Destination Information (City, State) –

From: \_\_\_\_\_ → To: \_\_\_\_\_

*If this is an international trip, please attach the [Graduate Student Request for Travel Restriction Exception](#) RASR approval email to this form.*



**EXPENSE INFORMATION:** (complete either option 1 or option 2, not both.)

**OPTION 1:**

- I would like to request that Royster pre-pay for the following fixed costs:

Conference Registration: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_ Airfare: \$ \_\_\_\_\_

Per diem meals: \$ \_\_\_\_\_ (calculate total using the [USGSA meals and incidentals](#) for domestic travel or the [Department of State M&IE rate](#) for international travel )

TOTAL PRE-PAYMENT AMOUNT: \$ \_\_\_\_\_

*Please provide receipts for these expenses within 30 days of purchase. Any other costs incurred on the trip (taxi, parking, etc.) will be handled via reimbursement after the trip.*

*If the trip is canceled, immediately notify Laura Pratt because the pre-paid funds must be repaid to the university.*

**OPTION 2:**

- I would like to handle the costs for this trip via reimbursement. I anticipate incurring the following costs (estimates are acceptable):

Conference Registration: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_ Airfare: \$ \_\_\_\_\_

Per diem meals: \$ \_\_\_\_\_ (calculate total using the [USGSA meals and incidentals](#) for domestic travel or the [Department of State M&IE rate](#) for international travel )

Train Tickets: \$ \_\_\_\_\_ Taxi/Subway Fare: \$ \_\_\_\_\_

Personal Car Mileage (\$0.67 per mile): \$ \_\_\_\_\_ Other Expenses: \$ \_\_\_\_\_

TOTAL ESTIMATED REIMBURSEMENT AMOUNT: \$ \_\_\_\_\_

**Please submit this form to Laura Pratt ([Lepratt@email.unc.edu](mailto:Lepratt@email.unc.edu)) prior to booking travel. Laura will respond to your request within three business days.**