

# Employee Travel Request at No Cost to Boise State

Instructions: All travel must be authorized for Insurance purposes and according to policy. This form serves as the Travel Authorization for employees and faculty when 100% of travel costs will be paid by entities other than Boise State University. For student travel contact [Travelservices@boisestate.edu](mailto:Travelservices@boisestate.edu). Complete the form, obtain signatures and keep on file in the employee's department. For insurance and liability issues, contact Office of Risk Management at [RMI@boisestate.edu](mailto:RMI@boisestate.edu).

## Section 1: Employee Information

Name:	Department:	Employee ID:
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## Section 2: Travel Information

Purpose of Travel : *(name of conference, sponsoring organization, etc.)*

Details of personal involvement in activity: *(e.g. present paper, chair session, etc.)*

University benefit from travel: *(e.g. . national exposure for university, collaboration with peer institutions)*

Source of funds *(Who is paying for expense)*

Destination:

Departure date:

Return Date:

Total working days absent:

If travel plans conflict with your scheduled class(es) or assignments, indicate plans for coverage:

## Section 3: Signature Approval (print form, sign and keep on file in department)

I verify that this travel is appropriate university business. Coverage of classes and/or other assignments has been arranged, and the requested travel is approved.

Employee Signature and Date:

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Immediate Supervisor Signature and Date:

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Dean or Department Head Signature and Date:

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