

Department of Classics

No Funds Requested Travel Authorization

DATE: _____

NAME: _____

Purpose of Trip:

Destination: _____

Departure Date: _____

Return Date: _____

Departure Time: _____

Return Time: _____

Will you be teaching a class during this time and if so how will the class be covered?

In case of emergency please leave a number or someone we can contact.

APPROVED: _____

Department Chair

Date

