# 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