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