## University of Wisconsin-Whitewater Absent from Campus & Out of State Travel Request

Reason for Absence (Check one):   Non-Business   Vacation   Dates:   Cause without Pay   Dates:   Planned Sick Leave   Dates:   Planned Sick Leave   Dates:   Dates:   Planned Sick Leave   Dates:   Dates:   Purpose:   P	Name:	Department:									
Non-Business	Reason for Absence (Check one):										
Planned Sick Leave   Dates:		· · · · · · · · · · · · · · · · · · ·									
Planned Sick Leave   Dates:											
Business			•	Dat	es:						
Travel without Reimbursement for Expenses		_									
Travel without Reimbursement for Expenses	Business	☐ Travel with Reimbursement for Expenses (if out of state fill out bottom)									
Account to be charged: (org code)		· · · ·									
Account to be charged: (org code)											
Account to be charged: (org code)  Project / Grant:   Yes   No   Mileage   Airfare   This form, when approved by supervisor, provides proof that travel status was 'in line of duty,' and that the purpose was conducting business on behalf of the University of Wisconsin-Whitewater.' You are, therefore, exempt from payment of Wisconsin-Whitewater is not issued a State Tax Number since it is specifically excluded from the tax under s.77.54(9a) Wisconsin-Whitewater.  *Out of State Questionnaire:  *You are welcome to attach additional pages to justify your travel.  Is this travel essential and necessary for you to perform your duties?   Yes   No   NA   Are you a conference presenter, panelist, or committee member?   Yes   No   NA   Are there alternative sites closer to campus that would result in lower travel costs?   Yes   No   NA   Are there alternative sites closer to campus that would result in lower travel cost?   Yes   No   NA   to attend?  Could the information be shared with colleagues by the person who was authorized to   Yes   No   NA   attend?  Signatures:   Date:  Signatures:   Date:    Approved   Yes   No   Dean/Division   Approved   Yes   No   Dea	Itinerary for Business Related Absence:										
Project / Grant:					Purpose:						
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Project / Grant:	Account to be charged: (org code)			1_		Estimated Expenses			Amour	nt	
If yes, Name: This form, when approved by supervisor, provides proof that travel status was "in line of duty," and that the purpose was conducting business on behalf of the University of Wisconsin-Whitewater.  You are, therefore, exempt from payment of Wisconsin sales and use tax for meals and lodging under \$77.54(9a) Wisconsin Statutes. University of Wisconsin-Whitewater is not issued a State Tax Number since it is specifically excluded from the tax under s.77.54(9a)  Out of State Questionnaire:  • You are welcome to attach additional pages to justify your travel.  Is this travel essential and necessary for you to perform your duties?  Are you a conference presenter, panelist, or committee member?  Could the business be accomplished through other means (tele- or video conference)?  Yes No NA  Are there alternative sites closer to campus that would result in lower travel costs?  In the case of travel to an event, is it necessary for more than one employee from a division to attend?  Could the information be shared with colleagues by the person who was authorized to attend?  Could the trip be postponed or canceled? What is the fiscal consequence of postponing or canceling the trip?  Signatures:  Date:  Requested by:  Supervisor:  Approved Yes No  Dean/Division						-				_	
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Lodging   Meals   Other	This form, when approved by supervisor, provides proof that travel status was "ir					1					
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Canceling the trip?   Signatures: Date:   Requested by: Approved □Yes □No   Supervisor: Approved □Yes □No   Director: Approved □Yes □No	attend?										
Signatures:     Date:       Requested by:     Approved □Yes □No       Supervisor:     Approved □Yes □No       Director:     Approved □Yes □No								⊔Yes	□No		
Requested by:  Supervisor:  Approved □Yes □No  Director:  Dean/Division  Approved □Yes □No	canceling the trip:		_								
Requested by:  Supervisor:  Approved □Yes □No  Director:  Dean/Division  Approved □Yes □No			Signatur	.es.		Date <sup>.</sup>					
Supervisor:  Approved □Yes □No  Director:  Approved □Yes □No  Approved □Yes □No			Oigilatai	<del>03.</del>		Date.					
Director:  Approved □Yes □No  Dean/Division	Requested by:										
Director:  Approved □Yes □No  Dean/Division	O						_				
Dean/Division  Approved Tyes TNo	Supervisor:	<u> </u>					Αþ	proved	ı ∟Yes	□NO	
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	Dean/Division Head:						Ar	proved	d⊟Yes	□No	

Dean/Division Head Approval (signature required or forwarded email) required for Out of State Travel (except Minneapolis and Chicago). Follow Department Guidelines when requesting sick leave/vacation.