

University of Illinois at Chicago
College of Engineering
Department of Mechanical and Industrial Engineering

This form is to be filed in the Departmental Office **PRIOR TO THE TRIP**. Please print or type the following information:

Date of Request _____ Traveler's Name _____

Destination(s) _____

Hotel Name _____ Phone# _____ Fax# _____

Date of Departure _____ Date of Return to the Department _____

Duration of Trip (days) _____

Estimate Cost of Trip _____ Source of Funding (Act. Number(s)) _____

No travel will be approved on Department Funds.

Purpose of Trip (i.e. name(s) of event(s), etc). Please indicate how this travel is in support of research.

Coverage of Classes and/or Other University, College and Departmental Duties

Traveler's Signature:

Department Approval:

Name Date

Department Head Date