

**Trip Approval Form for Travel on Grants for faculty and staff.**

**No form is required for Employee In-State Travel under \$1,000**

Please complete the form, sign as traveler, and obtain PI's signature if not the same as traveler. When travel includes a common carrier ticket (airline or train) please complete the form prior to travel and attach the form in Concur with your Travel Request. For all other travel please attach the form in Concur with your Expense Report. Your Post Award Manager will contact you if any additional information or support is required for approval.

Name of Traveler: \_\_\_\_\_

Destination(s): \_\_\_\_\_

If attending conference please provide name of conference/training/symposium and a link to the website or copy of agenda.

Name of conference/training/symposium: \_\_\_\_\_

Link to agenda: \_\_\_\_\_

Travel Dates: \_\_\_\_\_

Is personal business associated with this trip? Yes: \_\_\_\_\_ If Yes, dates: \_\_\_\_\_ No: \_\_\_\_\_

Justification for travel/how does travel benefit grant:

Account Assignment/WBSE: \_\_\_\_\_

*If expenses are to be allocated to more than one account please contact the Office of Research at grants@pnw.edu to discuss.*

**Estimated Expenses**

\$

Airfare: \_\_\_\_\_  
Coach Voucher: \_\_\_\_\_  
Mileage: \_\_\_\_\_  
Car Rental: \_\_\_\_\_  
Lodging: \_\_\_\_\_  
Per Diem: \_\_\_\_\_  
Registration: \_\_\_\_\_  
Other: \_\_\_\_\_ Description: \_\_\_\_\_  
Total \$ \_\_\_\_\_ -

Travel expenses on grants must follow University and sponsor policies.

I approve this travel as it is a necessary for my grant project. I understand that if my trip expenses exceed the available balance in the grant account or if unallowable charges are posted to the grant, I will be responsible identifying another non-grant account to cover these charges.

Travel Signature and Date: \_\_\_\_\_

PI Signature and Date if different than Traveler: \_\_\_\_\_

Departmental Signature and Date (optional): \_\_\_\_\_

**Grants Office ONLY**

Carrier Restrictions: \_\_\_\_\_ Maximum allowable on grant: \_\_\_\_\_  
Federal Rates: \_\_\_\_\_ State Rates: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

Post Award Signature and Date \_\_\_\_\_

Please select the following Preapproval Required dropdown in Concur:  
Sponsor Defined: \_\_\_\_\_ Blanket: \_\_\_\_\_