Last Revised: 2/8/2016

REQUEST FOR REIMBURSABLE SPOUSAL TRAVEL

FACULTY AND STAFF WHOSE SPOUSES ARE ASKED TO TRAVEL ON UNIVERSITY BUSINESS, AT UNIVERSITY EXPENSE, SHOULD HAVE THIS FORM COMPLETED AND APPROVED PRIOR TO TRAVEL. THE FORM SERVES TO DOCUMENT THE BUSINESS PURPOSE OF THE TRIP IN ACCORDANCE WITH UNIVERSITY AND INTERNAL REVENUE SERVICE.

Name/Title (Please Print)	Spouse's Name	
Department	Campus Telephone Num	ber
Travel Dates/Location(s)	University Account Numb	er
Business Purpose of Spouse's Attendand	ce:	
Employee Signature		 Date
Required Approval Signature	— — Approval Name (Please Print)	Date

