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| A picture containing clipart  Description automatically generated | **UW-Stevens Point****Interim Travel Exception Request** |

**In response to COVID-19, UW System has initiated an Interim Travel Exception Request procedure required for use across all UW institutions that currently only allow for restricted/essential travel. This is in effect until further notice.**

**To comply with the procedure, travelers should complete this form to approve travel during this interim period. Travelers should not incur expenses prior to the approval of this form. Travelers must provide a completed form to the appropriate travel agent at the time of booking. Please submit a copy with any Travel Expense Report for audit purposes.**

**PLEASE TYPE INFORMATION IN THE FOLLOWING FIELDS. DO NOT USE HANDWRITING.**

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| **TRAVELER’S NAME:**Enter text. | **SELECT ONE:**[ ]  **UNDERGRAD** [ ]  **GRAD** [ ]  **FACULTY** [ ]  **STAFF** [ ]  **RA** |
| **DEPARTMENT:**Enter text. | **CONTACT NAME/EMAIL/PHONE:**Enter text. |
| **EVENT NAME/TITLE:**Enter text. | **LOCATION DESTINTATION: (City, State, Country, Venue)**Enter text. |
| **PURPOSE OF TRIP/EXPLANATION:**Enter text. |
| **DEPARTURE DATE: RETURN DATE:**Enter text.Enter text. | **OTHER UW EMPLOYEES:**Enter text. |
| **ESTIMATED COST:**Enter text. | **FUNDING LIMITED TO:**Enter text. |
| Allocated | Fund | Department | Program | Project/Grant |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Is this travel essential for you to perform your duties? | [ ]  Yes [ ]  No |
| Are you a conference presenter or panelist? | [ ]  Yes [ ]  No |
| Could the business be accomplished through other means (e.g. videoconference)?  | [ ]  Yes [ ]  No |
| Could this trip be postponed or canceled?  | [ ]  Yes [ ]  No |

**AFTER COMPLETING THE TOP SECTION, PRINT OUT AND ROUTE FOR SIGNATURE APPROVAL**

 Enter text.Enter text.

Signature of Traveler Print Name Date

**I have reviewed this request and recommend that it be approved.**

 Enter text.Enter text.

Signature of Manager/PI Print Name Date

 Enter text.Enter text.

Signature of Department Chair/Director/Supervisor Print Name Date

 Enter text.Enter text.

Signature of Divisional Vice Chancellor Print Name Date

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| **Keep a copy for your records. Attach this completed form in an email to the appropriate travel agent who is booking your trip.** |