



SA#

Calendar

DOP Use Only

**Workday Spend Authorization, Travel, and Out of Office
Worksheet- Department of Pharmacotherapy**

(For conferences, meetings, consulting, and working from home. Please use whether or not your travel has associated costs.)

Name: _____ WSU ID: _____

Purpose: Conference Consultant/Compensated Outside Service Activity
 Meeting Work from home

Leave Period: From: _____ To: _____ Destination: _____

Consultant/Compensated Outside Service Activity

Name of Contracting Entity: _____

Nature of Activity: _____

Justification/Purpose of trip: Why and how are you meeting the mission of WSU?This is also required for travel that is no cost to WSU.

Departure from: _____ Date/time: _____

Return from: _____ Date/time: _____

Transportation (airfare, mileage): _____ \$ _____

Lodging: Number of days: _____ at \$ _____ per day = _____

Food: \$ _____ for the first & last day + \$ _____ per day = _____

Registration due date: _____ Registration fee: \$ _____

Other (local transportation, tolls, car rental, incidentals, etc.): \$ _____

Total estimated cost: \$ _____

Account # _____