



Department of Pharmacotherapy / Student Services / Experiential Education
LEAVE and TRAVEL REQUEST FORM

Name: _____ WSU ID: _____

Purpose: Annual Leave Teaching Consultant/Compensated Outside Service Activity
 Conference Meeting Other (specify): _____

Leave Period: From: _____ To: _____ Total Days: _____

Destination: _____ Telephone Number: _____

Regularly scheduled teaching assignments during this period: Yes No Faculty responsibilities will be covered by: _____

Consultant/Compensated Outside Service Activity

Name of Contracting Entity: _____

Nature of Activity: _____

Annual Report of Consultant and Extended Professional Activities Form required for this activity? Yes No

Form submitted for approval? Yes No

Travel Request Form for Authorization of University Travel (submit 4 weeks prior to travel)

Purpose of trip: What are you attending/why are you going? Justification—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: Number of days: _____ at \$ _____ per day \$ _____

Registration due date: _____ Registration fee (attach registration form): \$ _____

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

Total estimated cost: \$ _____

Account # _____

Account Sponsor Signature _____

Amount approved
per account

\$ _____

Signature

Date

Faculty/Staff _____

Supervisor _____