

In response to COVID-19, and due to budgetary restraints, UW System Administration has initiated an Interim Travel Exception Request procedure required for use for travel outside of the state of Wisconsin. 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 consultant at Travel Incorporated 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.

| | | | | |
|--|------|---------------------------|---|-----------------------------|
| TRAVELER'S NAME: | | | | |
| DEPARTMENT: | | CONTACT NAME/EMAIL/PHONE: | | |
| EVENT NAME/TITLE: | | | LOCATION DESTINATION: (City, State, Country, Venue) | |
| DETAILED PURPOSE OF TRIP/EXPLANATION OF NECESSITY: | | | | |
| DEPARTURE DATE: | | RETURN DATE: | OTHER UW EMPLOYEES: | |
| ESTIMATED COST: | | | FUNDING LIMITED TO: | |
| Allocated | Fund | Department | Program | Project/Grant |
| | | | | |
| Is this travel essential for you to perform your duties? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been asked to attend a conference/meeting as a presenter or panelist? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Could the business be accomplished through other means (e.g. videoconference)? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Could this trip be postponed or canceled? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AFTER COMPLETING THE TOP SECTION, COMPLETE BELOW AND ROUTE FOR SIGNATURE APPROVAL

Signature of Traveler (typed name is acceptable) Print Name if not typed Date

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

Signature from Vice President Print Name if not typed Date

(typed name is acceptable)

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

Signature from Presidents Office Print Name if not typed Date

Email tthompson@uwsa.edu for approval

Attach this completed form in an email to the appropriate travel consultant (agent) who is booking your trip, and when submitting any related expenses.