

UoM ATLAS Group Official Travel Form

This form must be signed by one of the ATLAS Faculty before a trip is planned and tickets ordered. Seek the approval of the Faculty member responsible for the research activity related to the proposed travel.

UoM ID

Family Name

First Name

Purpose of Trip: _____

Destination: _____

Proposed date of departure: _____

Proposed date of return: _____

Proposed mode of transportation: _____

Michigan ATLAS Group Activity: _____

Estimated Costs

Transportation Costs: _____ Subsistence Cost: _____

Fees: _____ Other Cost: _____

Approval Signature

Faculty: _____ Signature: _____

Date: _____