

**Virginia Tech Travel Estimate and Approval Form**  
**Bradley Department of Electrical & Computer Engineering**

*Use this form 1) To provide an estimate of travel expenses in accordance with departmental requirements, 2) To request approval for all international travel from the Office of Export & Secure Research Compliance, and 3) To request approval for international telecommunications services from Communications Network Services. After approvals are granted, a copy of this form must be attached to the department travel expense reimbursement voucher copy. Under policy restructuring, it is no longer a requirement to send this form to the Controller's office.*

**TRAVEL INFORMATION**

Name of Traveler: Sadia Afroz  
 Department: ECE Contact Telephone: 5405531752  
 Destination(s): San Diego, CA Contact E-mail: lisa027@vt.edu  
 Dates of Travel: FROM: 07/30/2013 TO: 08/14/2013  
 Name of Dept. Head or Designee signing below: \_\_\_\_\_

**PURPOSE OF TRIP: NON-CONFERENCE TRAVEL**

State purpose: Research on Circuit design and Measurement

**Estimated cost for:**

**Allowable lodging rates:**

Transportation: <u>550</u>	<b><u>Location</u></b>	<b><u>Amount</u></b>
Lodging: <u>1000</u>	_____	_____
Meals: <u>700</u>	_____	_____
Conf./seminar fee: _____	<b><u>Funding Source:</u></b>	
CNS approved services: _____	Fund/Amount: <u>118921</u>	<u>2450</u>
Other: <u>200</u>	Fund/Amount: _____	_____
Total Estimated Cost: <u>2450.00</u>	Fund/Amount: _____	_____

***If travel is sponsored research funded, is the travel directly applicable to the research award being charged?***

☐ YES ☐ NO ☒ Not sponsored research funded

**TRAVEL REQUEST SIGNATURES/APPROVALS**

TRAVELER: \_\_\_\_\_ Date: \_\_\_\_\_  
 SUPERVISOR: \_\_\_\_\_ Date: \_\_\_\_\_  
 DEPT. HEAD OR DESIGNEE: \_\_\_\_\_ Date: \_\_\_\_\_  
 SENIOR MANAGEMENT (optional): \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL APPROVAL/REVIEW REQUIRED FOR INTERNATIONAL TRAVEL**

☐ OFFICE OF EXPORT & SECURE RESEARCH COMPLIANCE (OESRC): (REVIEW required for all international travel. Send a copy to [agland@vt.edu](mailto:agland@vt.edu) or to mail code 0497.) If OSP approval is required, OESRC will forward to OSP.

OSP SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

☐ OFFICE OF SPONSORED PROGRAMS (OSP): (APPROVAL required only when funding source is a grant.)