

University of Notre Dame Memorandum on Proposed Travel

Purpose of Travel and Destination: Dates of Absence from the University: Address or phone (in case of an emergency) Classes to be missed by traveler: Course Number: Course Name: Hours: Dates: Provision made for handling the classes to be missed: Travel Expenses to be paid by: University Other For University - allowed expenses: Account Number and Name: Estimated Cost:	Name of Traveler:	Dat	te:
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Provision made for handling the classes to be missed:	.		
Account Number and Name: Estimated Cost:		University	Other
Account Number and Name: Estimated Cost:	• •	University	_ Other
Estimated Cost:	•		
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