

University of Notre Dame
Memorandum on Proposed Travel

1. Name of Traveler: _____ Date: _____
3. Traveler's Position: _____
4. Purpose of Travel and Destination: _____

- 5: Dates of Absence from the University: _____
6. Address or phone (in case of an emergency) _____

7. Classes to be missed by traveler:
Course Number: _____
Course Name: _____
Hours: _____
Dates: _____
8. Provision made for handling the classes to be missed: _____

9. Travel Expenses to be paid by: University _____ Other _____
10. For University - allowed expenses:
Account Number and Name: _____
Estimated Cost: _____
11. Remarks by the traveler: _____

Signature

Date:

Traveler _____
Principal Investigator _____
Chairman _____