

University of Massachusetts, Amherst  
College of Natural Sciences  
Dean's Office  
Pre-Tenure Travel Request

NAME: _____ (Last) (First)		TITLE: _____	
DESTINATION: _____			
DATE OF DEPARTURE: _____		DATE OF RETURN: _____	
PURPOSE OF TRIP: _____ _____ _____			
ESTIMATED COST: \$ _____		Travel costs not to exceed \$800.00.	
_____ <i>Signature</i>		_____ <i>Approval Signature Sally Powers, Associate Dean of Faculty Development, CNS</i>	
_____ <i>Date</i>		_____ <i>Date</i>	
<p>Please note that a short report evaluating the sponsored travel is required upon your return in order to process the reimbursement. Reports should be forwarded to Associate Dean Sally Powers, c/o Amanda Leigh-Hawkins, 107 Stockbridge Hall or <a href="mailto:aleigh@cns.umass.edu">aleigh@cns.umass.edu</a> upon completion of the trip.</p>			
<p><input type="checkbox"/> Report Evaluation Receipt    <input type="checkbox"/> Report Submission Date _____</p>			
<p>Be sure to obtain prior written or electronic supervisory approval. It is required for university travel and must be submitted with travel reimbursement forms (TRIP forms). Printed email approval containing the same information may be substituted for that form. Check with your department business manager.</p>			