

**OAKWOOD UNIVERSITY
CAMPUS LEAVE REQUEST/TRAVEL EXPENSE REPORT**

Whenever it becomes necessary to be absent from your employment on the business of the University, this form must be completed and submitted to your supervisor at least ONE WEEK in advance. All signatures (including the Vice President

(Please forward all copies to the Human Resources Office after securing all signatures.)

Name of employee: _____ SSN _____ Date _____

Department: _____ Division: _____

DATE OF DEPARTURE: _____ DATE OF RETURN TO WORK _____

TOTAL NUMBER OF DAYS AWAY FROM EMPLOYMENT _____

Purpose: _____

(CITY) (STATE) (TELEPHONE)

Please itemize expenses.

Check and specify Account Number:

- University Funds _____
- Government Funds _____
- Other _____

	Estimate
Airfare	\$ _____
Lodging	\$ _____
Car Rental or Mileage	\$ _____
Per Diem	\$ _____
Registration Fees	\$ _____
Other	\$ _____
TOTAL	\$ _____

Employee's Signature _____ Over expenditures could be charged to the employee

APPROVAL SIGNATURES

Department Head Date University Officer Date