

University of Notre Dame
MEMORANDUM ON PROPOSED TRAVEL

Name of Traveler: _____ Date: _____

Department/Position: _____

Purpose of Travel & Destination: _____

Dates of Absence from the University: _____

EMERGENCY CONTACT:

NAME/RELATION _____

ADDRESS _____

HOME/MOBILE PHONE _____

Classes to be missed by the traveler: _____

Course Number: _____

Course Name: _____

Hours: _____

Dates: _____

Provisions made for handling the classes to be missed: _____

Travel Expenses to be paid by: University _____ Other _____

For University (allowed expenses):

Account Number & Name _____

Estimated Cost _____

Remarks by the traveler: _____

SIGNATURES

DATE

Traveler _____

Principal Investigator _____

Chairman _____

Dean _____

**Please submit form to Physics Office at 225 Nieuwland Science
Hall at least two weeks in advance.**