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Traveler Information				
Student's Name:				
Student's E-Mail				
Department Sponsoring Travel:				
Total Dollar Amount to be reimbursed:				
Ι _		, representa hereby certify tha	ative for UNC-CH's department of t	
whose travel is related to official state business as indicated below.				
	To enhance the visibility of a department or program to its peers and/or future or current customers			
	To exchange information and knowledge relevant to improving the services of this department or program.			
	To enhance skills relevant to improving volunteer services that are used to support a department or program.			
	To provide for other activities in support of this department or program (describe below).			
Signatures				
Student:				
Stude	nt:	Signature	 Date	
Dean/	Department Head/Director :	C.g.iatai o		
Board Bopard Horit Froday Birottor .		Signature	Date	

^{*} Please include this signed agreement when you send reimbursement documentation via ImageNow to Web Travel for all student/nonemployee reimbursements.