



International University of Sarajevo  
**OSP TRAVEL REQUEST FORM (F-144)**

- This form is used to request and document authorization to travel for project-related meetings and conferences. A travel authorization is required for domestic and international travel prior to making travel arrangements.
- A University employee traveling on official project-related business is expected to exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business and using personal funds. Excess costs, circuitous routes, delays or luxury accommodations and services unnecessary or unjustified in the performance of official business, are not acceptable under this standard.
- Please bring the completed form to the Office of Sponsored Projects.

<b>PROJECT TITLE:</b>		
Project Coordinator:		
Travel Destination:		
Dates of Scheduled Meeting:	From: <input type="text"/> dd / <input type="text"/> mm / <input type="text"/> yyyy	To: <input type="text"/> dd / <input type="text"/> mm / <input type="text"/> yyyy
Travel dates:	From: <input type="text"/> dd / <input type="text"/> mm / <input type="text"/> yyyy	To: <input type="text"/> dd / <input type="text"/> mm / <input type="text"/> yyyy
Purpose of Travel:		
Name(s) of other Project Team member(s) traveling and their roles on project:	1. 2. 3.	
<b>ESTIMATED EXPENSES: <span style="float: right;">KM/EUR/USD</span></b>		
<b>Transportation (please check off all that apply and provide estimated cost):</b>		Enter amount
<input type="checkbox"/> Ground Transportation <input type="checkbox"/> Airfare <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Other (Please specify: _____)		
<b>Accommodation:</b> Please specify where you plan on staying		Enter amount
<b>Membership Fee/Conference Registration Fee:</b>		Enter amount
Type of Membership/ Conference you plan on attending: <input type="text"/> Please specify		
Name of Bank: Account #:		
<b>Daily Allowance:</b> (Country Rate _____ x No. of days _____ )		Enter amount
<b>Other:</b> <input type="text"/> Please specify		Enter amount
<b>Total Amount (KM/EUR)</b>		Enter amount
<b>FINANCED BY (check all that apply and specify the amount if split between two or more sources):</b>		
<input type="checkbox"/> Project/Grant <input type="checkbox"/> Project Coordinator <input type="checkbox"/> IUS <input type="checkbox"/> Other (Please specify _____)		

I hereby certify that the expenditure described on the travel request and reimbursement forms is allowable and allocable to the project and in compliance with Grant regulations and IUS Travel Policy. I agree to submit a Travel Claim and Expense report within 5 business days of my return, as required by the State Law.

dd /  mm /  yyyy  
 Date

\_\_\_\_\_  
 Project Coordinator Signature