

**TRAVEL REQUEST**  
 (For overnight travel only)  
**Not required if PDP approved**

I understand that travel shall be performed by College vehicle, using College credit cards for gas, oil, and expenses. If I drive my own vehicle when a College vehicle is available, I will **not** be reimbursed. If I drive my own vehicle when a College vehicle is **not** available, I will be reimbursed mileage at the rate of **57.5** cents per mile. Subsistence reimbursement is limited to \$35 per day for in-state and \$50 per day for out-of-state. Lodging will be reimbursed for actual cost of reasonable, prudent rates (attach paid receipt). Excessive costs will be disallowed. Air travel will be by coach or tourist class only. Note to Traveler: Please return this approved form with your voucher for travel reimbursement. See page 2 for detailed instructions.

Name \_\_\_\_\_ 5-Digit Organization # \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Destination \_\_\_\_\_

I Will Leave At _____	On _____	<u>Departure Time</u>	<u>Return Time</u>	<u>Meal</u>	<u>In State</u>	<u>Out State</u>
Time	Date	Before 6:30 am	After 11 am	Breakfast	8.00	10.00
I Expect to Return _____		Before 11:00 am	After 1:30 pm	Lunch	10.00	15.00
Time	Date	Before 5:15 pm	After 8:30 pm	Dinner	17.00	25.00

I Will Travel By:(Check One)

- \_\_\_\_\_ College Vehicle
- \_\_\_\_\_ Personal Vehicle at Mileage Rate-No College Vehicle Available (57.5¢ per mile)
- \_\_\_\_\_ Personal Vehicle at Mileage Rate-College Vehicle Available- (Not reimbursable)
- \_\_\_\_\_ Commercial Transportation \_\_\_\_\_

Mode (air, bus, etc)

I will be a Passenger or room with \_\_\_\_\_  
 (circle one or both)

**EXPENSES:**

Motel \_\_\_\_\_ \$ \_\_\_\_\_  
 Name Nightly Rate (including tax)

Commercial Transportation \$ \_\_\_\_\_  
 Cost

Registration Fees \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 Itemize

BUSINESS OFFICE USE ONLY ESTIMATED COST	
TRANSPORTATION	\$ _____
MOTEL	\$ _____
MEALS	\$ _____
OTHER	\$ _____
REGISTRATION	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

(1) \_\_\_\_\_  
 Traveler's Signature Date

(2) \_\_\_\_\_  
 Division Chairman Signature Date

(4) \_\_\_\_\_  
 Business Office Date

(3) \_\_\_\_\_  
 Institutional Officer Signature

## TRAVEL REQUEST

### Instructions

1. Enter the traveler first and last name.
2. The 5 digit organization code should be entered that is paying for the travel costs. If this is a grant, then please also provide the 5 digit fund code.
3. The Purpose of Travel is either the conference name, meeting or other reason.
4. Destination is where the employee is traveling.
5. Provide the time and date when you expect to leave from the college and when you plan to return, Attach a copy of meeting/conference agenda to the form.
6. In the "I Will Travel By" section, please check one of the 4 options. If commercial transportation is checked, then provide the type you are using.
7. Provide who you will be a passenger with or sharing a room with. If it is no one, then state "no One" in the field.
8. In the "Expense" section, provide the following:
  - a. The name of the motel/hotel and the nightly rate.
  - b. The cost of the commercial transportation (if applicable).
  - c. The registration fee cost.
  - d. Other required charges.
9. Please make sure all signatures are attained before sending to the Business Office.

Note: Use the most recent form.