

TRAVEL APPLICATION

Traveler's Name: _____ Group Leader: Volunteer: Student:
 Home Address: _____
 Employee ID: _____ Department: _____
 Cell Phone: _____ Email: _____

TRAVEL ITINERARY

Destination(s): _____
 Purpose of Trip: _____
 Date(s): Departing: _____ Hour: _____ Returning: _____ Hour: _____

ESTIMATED TRAVEL EXPENSES

Train State Car Rental Vehicle Plane (Direct Bill) _____
 Privately Owned Vehicle (Authorization form must be on file) _____
 Lodging _____
 Meals / Incidentals (Max. \$55.00/day + \$7.00/day incidentals) Itemized receipts required for meals _____
 Registration _____
 Other: _____
Total \$ _____

State contract rates have been used where available _____ (applicant's initials)

If trip is to be reimbursed by other funds/agency, enter name of agency: _____

TRAVEL EXPENSES

Travel Claim Reimbursement	Account	Fund	Department	Program	Class	Project

REQUEST FOR PAYMENT / REIMBURSEMENT

Payment Request: _____ (Attach Inv or Reg Form) Reimbursement Request: _____ (Attach Receipt)

Amount	Account	Fund	Department	Program	Class	Project

Payable to: _____ Mail check by (date): _____

Remit address: _____ Payment Amount: _____

ADVANCE - FOR GROUP / STUDENT TRAVEL ONLY

Advance requested in amount of \$ _____ to be paid by (date) _____

APPROVING SIGNATURES

Applicant's Signature: _____ Date _____ Applicant's Report to: _____ Date _____

Dean/Director (if applicable) _____ Date _____ Authorized Signature for Dept ID# _____ Date _____

Provost/VP (if applicable) _____ Date _____ President (if applicable) _____ Date _____

Travel Expense Claims are due in the Accounting office no later than 30 days from the trip return date.