

TRAVEL REQUEST FORM

Please attach any documents necessary

TRAVEL INFORMATION

Travelers Name _____ Campus Address _____ Dept. BU _____
Purpose of trip _____ Destination _____
Event Dates _____ Travel Dates _____
Transportation mode: *Check all that apply*
Air _____ Private Auto _____ Rental Auto _____ Guest in Vehicle _____ Other _____

EXPECTED EXPENSES

Total Estimated Exp

Please list **all** estimated expenditures for Travel

****Check Boxes ONLY if you want those items pre-paid or pre-arranged for you****

Airfare _____ \$

Mileage: *current UA rate @ .43 per mile* _____ \$

Registration _____ \$

Rental Car _____ \$

Cash Advance: *Amount will be based on expected reimbursable expenses*

Lodging: *Traveler must provide personal credit card information for reservations, UA T-Cards are invalid for Lodging.* _____ \$

Meals: *Actual expenses up to per-diem amounts will be paid please retain all receipts* _____ \$

Misc.: *Check all that apply*

Parking _____ Fuel _____ Taxi _____ Shuttle _____ \$

Internet _____ Phone _____

TOTAL TRIP ESTIMATED COST

\$

DETAILED EXPLANATION OF TRIP PURPOSE

FUNDING INFORMATION

Cost Center Name _____ Cost Center Number _____ Budget Category _____ % or \$

Department Imposed Funding Limit _____ *(Total expenditures for Travel will not exceed this amount for FY)* \$

SIGNATURES and APPROVALS

Traveler's Signature _____ Date _____

Approving Signature _____ Date _____

(Dean, Department Head, Director)