



REQUEST FOR TRAVEL

TRAVELER NAME EMPLOYEE ID

DESTINATION (CITY, STATE) TRAVELER SIGNATURE

BUSINESS PURPOSE _____

BENEFIT TO STATE _____

Date From: Date To: Departure Time: Return Time:

funding source: C&G E&G Department # Fund # Program # Project #

Meals per day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Breakfast @ \$6.00 <small>Departure before 6 a.m.</small>										
Lunch @ \$11.00 <small>Departure before 12 noon</small>										
Dinner @ \$19.00 <small>Departure before 6 p.m.</small>										
Per Diem										
TOTAL Per day										

Please check if **cash advance** requested *yes no*

TOTAL FOR MEALS

Hotel/Lodging: # of Days Amount / Per day

= TOTAL FOR LODGING

Transportation: Auto Rental Airfare

= TOTAL FOR TRANSPORTATION

Mileage: Map Vicinity X Rate

= TOTAL FOR MILEAGE

Incidentals: Parking/Tolls: _____ Registration: _____

= TOTAL FOR INCIDENTALS

Director/Chair/Supervisor Date

Dean Date

**TRAVEL
AUTHORIZATION
TOTAL**

Complete and provide to Departmental Travel Representative to assist with the completion of the Travel Authorization in the Travel & Expense Module