Travel Request

Fiscal Officer Approval/Date: ____________________________

*all starred areas must be filled out for proper processing.
ALL PRE-PAID INFORMATION MUST BE FILLED OUT
Please allow 48 hours processing time for pre-payments.

Traveler's Information:
*Traveler's Name: ______________________________________
*Traveler’s Student ID#: ________________________________
*Purpose of Trip: ______________________________________
*From (location): ______________ *To (location): ___________
*Departure Date: ___________ *Time: __________ am pm
*Return Date: _____________ *Time: __________ am pm

Type of Transportation:
*Travel Agency Used: ___________________________________
Airline: __________________________ Cost: $________________
Personal Car Estimated Mileage: __________ x .555 = $__________
Rental Car Company: ________________ Cost: $______________
Bus Company: ______________________ Cost: $______________

Lodging:
Date Hotel/City Per Diem/Meals Cost
_____________________________________________________
_____________________________________________________

Registration and/or Special Expenses:
Date City Description Cost
_____________________________________________________
_____________________________________________________

Miscellaneous Travel Expenses
(taxi, bus, subway, shuttle, train)
Date City Description Cost
_____________________________________________________
_____________________________________________________

* Note: Please turn in all receipts for reimbursement within 10 days of return *