

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 \$ _____ **60.00**

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
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REQUEST FOR PAYMENT / REIMBURSEMENT

Payment Request: _____ (Attach Inv or Reg Form)

Reimbursement Request: _____ (Attach Receipt)

Amount	Account	Fund	Department	Program	Class	Project
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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: _____

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