

Request for Travel and Estimated Expenses

| Traveler Information | | | |
|--|--------|--|-------|
| Traveler Name: | | U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Phone: | Email: | Box #: | |
| Submitted By: <small>(if different than above)</small> | | Today's Date: | |
| Phone: | Email: | Box #: | |
| Airfare | | | |
| <input type="checkbox"/> I would like the Department to purchase my airfare. Arrangements have been made with: <input type="checkbox"/> I will pay for airfare and would like reimbursement. My receipt will be forwarded later. <input type="checkbox"/> I have paid for airfare and my receipt is attached. <input type="checkbox"/> I have paid for airfare and would like reimbursement before my trip. | | | |
| Registration: Attach Copy of Registration Form <small>(Should include breakdown of costs: meals, lodging, etc. If not please include copy of agenda.)</small> | | | |
| <input type="checkbox"/> I would like the Department to pay for Registration in advance. My registration form is attached. <input type="checkbox"/> I paid for registration and would like reimbursement. My receipt is attached. <input type="checkbox"/> I have paid for registration and would like reimbursement before my trip. <input type="checkbox"/> Does Registration include meals? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please specify meals and dates in the space provided here:)</small> | | | |
| Travel Details (do not abbreviate) | | Estimate Your Expenses | |
| Conference Name: | | Registration: | |
| Conference Website: | | Airfare: | |
| Dates: | | Lodging: | |
| Location: | | Meals: | |
| Benefit to the University Mission: | | Rental Car: | |
| | | Parking: | |
| | | Mileage: | |
| | | Taxi/Shuttle: | |
| | | Other _____: | |
| | | TOTAL: | |
| Budget Information | | | |
| Primary Budget Name: | % | Primary Budget #: | PO#: |
| Secondary Budget Name: | % | Secondary Budget #: | PO#: |
| Approval | | | |
| Faculty/ Supervisor Signature: | | Print Name: | Date: |
| Budget/ Fiscal Mngr Signature: | | Print Name: | Date: |
| Traveler Signature: | | Print Name: | Date: |

Please submit a completed *Request For Travel & Estimated Expenses* form, including supporting documentation, to the appropriate Budget Manager: