



TRAVEL REQUEST

DATE: _____

NAME: _____ DEPARTMENT: _____

POINTS OF TRAVEL

FROM: _____ TO: _____

DEPARTURE DATE: _____ DEPARTURE TIME: _____

RETURN DATE: _____ RETURN TIME: _____

REASON FOR TRAVEL: _____

(Signature of Applicant)

ESTIMATED COSTS

NUMBER OF MILES (ROUNDTRIP) _____

MILEAGE @ 56.5 CENTS PER MILE \$ _____

REGISTRATION/CONF FEE \$ _____

PER DIEM \$ _____

TOTAL \$ _____

FUND _____

DEPT. _____

ACCTG CODE _____

IN STATE OUT-OF-STATE

APPROVED:

(Department/Unit Head)

(Area Dean)

(Business Affairs Office)

(President)

If you are requesting Out-of-State travel, please attach appropriate form.

FOR BUSINESS OFFICE USE ONLY

FUNDS AVAILABLE: YES ___ NO ___
CODE _____
BY _____
DATE _____