

TRAVEL REQUEST FORM

NAME:	CAMPUS:
DEPARTURE DATE:	RETURN DATE:
DEPARTURE TIME:	RETURN TIME:
NAMES OF OTHER EMPLOYEES/STUDENTS ATTENDING: (Attach additional sheet if necessary)	

REGISTRATION:	The registration form MUST be completed and attached to this form. Business Office will mail registration form and check (or) purchase order.			
PLEASE MAKE CHECK PAYABLE TO:				
ADDRESS				
CITY, STATE, ZIP				
AMOUNT: \$	CK #	PO #		

ACCOUNT CODE:

LODGING:	This check will be returned to the employee to be hand delivered to the hotel. Employee is responsible for making hotel reservations			
PLEASE MAKE CHECK PAYABLE TO:				
ADDRESS				
CITY, STATE, ZIP				
# of rooms	# of nights	Total \$	X city tax rate	= \$
Maximum daily rate \$85		Hotel Confirmation #:		

ACCOUNT CODE:

MEALS:	STUDENT MEALS	# of Nights	X # of Students	TOTAL	STAFF MEALS	# of Nights	X # of Sponsors	TOTAL
Breakfast	\$4.00			\$	\$8.00			\$
Lunch	\$6.00			\$	\$12.00			\$
Dinner	\$8.00			\$	\$16.00			\$
TOTAL:	\$18.00			\$	\$36.00			\$

ACCOUNT CODE:

MILEAGE: Mileage cannot be advanced prior to travel taken. Mileage will be reimbursed upon completion of travel reconciliation. An odometer form must be completed and attached to reconciliation for reimbursement purposes.

Miles _____ x \$.50 = \$ _____

EMPLOYEE SIGNATURE _____ DATE _____ ADMINISTRATOR _____ DATE _____ BUS. OFFICE _____ DATE _____