

TRAVEL REQUEST / EMPLOYEE TRAVEL REIMBURSEMENT

TRAVEL INFORMATION			
DATE:		Employee AP Vendor #:	
Employee ID #	Name		
Campus / Dept			Ext. #
Destination (City/State)		Conference Name	
Purpose			

TRAVEL DATES & TRAVEL TIMES	
Leave	Time
Return	Time

PRE TRAVEL ESTIMATED COSTS			<i>If requesting a check, please complete the check request form and attach all pertinent information</i>
Conference Agenda is required to be attached to this form.	Estimated Cost	Request for Check/PO	Budget Code
Registration/Membership			
Hotel (parking?)			
Meals			
Mileage and/or Airfare			
Car Rental			
Other*			
TOTAL			

PRE TRAVEL APPROVAL	
Employee Signature	Supervisor Approval

POST TRAVEL EMPLOYEE REIMBURSEMENT			<i>Itemized and transaction receipts must be attached to this form.</i>
	Receipts	TOTAL	Budget Code
Transportation <small>(Airfare, car rental, taxi, parking, etc.)</small>			
Hotel (if applicable)			
Registration Fees (if applicable)			
Other*			
Mileage \$0.50/mile <small>(Daily total – attach documentation)</small>			

Reimbursement Meals <small>For a travel expense to be reimbursed, itemized receipts must be attached to this form. Deduct meals included</small>					
\$46.00 per day	Breakfast	Lunch	Dinner	TOTAL	Budget Code (if different from above)
Sun					
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
TOTAL EMPLOYEE REIMBURSEMENT					

Post Travel Signatures Employee	Supervisor Approval	Business Office Approval