

Traveler's Name: _____ -Faculty -Dean -Staff -Student

Department: _____ -Non-Employee

Conference: _____

Destination: _____ Dates of Travel: _____

Purpose of Travel:

Estimate of Expenses:

Notes:

Airfare \$ _____

Other Transportation-please specify \$ _____

Lodging (rate per night x number of nights)* \$ _____

Meals (rate per day x number of days)* \$ _____

Conference Fee \$ _____

Other-please specify \$ _____

Total \$ _____

Signature of Traveler: _____ Date: _____

* Meals and lodging per diem rates can be found at www.gsa.gov. If actual lodging rate exceeds allowable per diem then Request to Exceed Maximum Lodging Rates Form must be submitted for approval prior to travel.

**Attach copies of programs, brochures, agendas, accommodations, transportation, etc.

*** Request and supporting documents must be submitted prior to travel.

Dept. Head/Supervisor or Account Signatory Approval:	
_____	Date: _____
Account #: _____	
Amount Approved: _____	
If Faculty Member, Date of Most Recent Annual Report:	

Area VP/Provost Approval:

Date: _____
President's Approval: (Out-of-State Travel Only):

Date: _____