

Travel Request Form

Submit completed form with all required signatures and necessary documentation **prior to travel**. Review our travel policy under the Travel section of our website. Please provide and attach any further explanation/description on a separate sheet; keep copies of all receipts concerning the expenditures listed below.

EMPLOYEE/TRIP INFORM	IATION			
Employee ID #:	Phone #:		Request Date:	
Name:		Department:		
Departure Address (City, State	e, Zip):			
Destination Address (City, Sta	ite, Zip):			
Departure:	AM PN	M Return:		AM PM
Purpose of Travel:				
If vehicle requested: Appro	oved Denied (If denied,	, please include Vehicle Use	Form)	
Additional Passengers:				
ANTICIPATED EXPENDITUR	RES		Totals	Travel Card
Registration:				
Transportation:				
Airfare:				
Bus:				
Personal Car Mileage:	miles @	/mile		
Rental Car:				
Train:				
Lodging:				
Receipted:	night(s)@	/night		
Un-receipted:	night(s)@	/night		
Meals:				
Per Diem (overnight):	per Diem(s)	@ /each		
\$5/\$12 (day trip):	breakfast(s)	@ /each		
	dinner(s)	@ /each		
Incidental Expenses:				
Parking: Taxi: Other (explain):	Tolls/Bridges:	Subway:		
	TOTAL I	ESTIMATED COST OF TR	IP	
Traveler's Signature:			Date:	
Supervisor's Signature:			Date:	
APPROVALS/LIMITS BY FUI	NDING SOURCE (Including F	Professional Grants)		
Funding Source	Account # \$ Amo	unt Authorizing	g Signature	Date

CREDIT CARD LIMIT INCREASE REQUEST

Travel Card Credit Limit: NET Card Credit Limit: Travel Card Single Amount Limit:

NET Card Single Amount Limit: