

Request for Travel Funds

Please save this form to your computer **first**, then fill out & email it **to your department**.

Name: _____ Title: _____ ID # _____

Address: _____

Email: _____ Phone: _____

Total Requested:

Purpose of travel:

Specific Destination:	
Travel Dates:	to
If you have more than one travel request this year, what is this trip's priority?	1 st choice 2 nd choice 3 rd choice 4 th choice
Registration: Reimbursement Department P-card	
Airfare	
Rental Car	
If using personal vehicle, estimated mileage:	miles @ .535¢ per mile =
Parking / Shuttle / Taxi or other transportation costs:	
Lodging expenses:	
Meal Expenses based on Per Diem rates: (Grants require receipts)	
Do you have other sources of funding?	If yes enter amount: Source:

Approval (completed by department)	Approved	Denied	Amount approved:
Signature of Chair / Acct Holder: _____			