

## OUT - STATE TRAVEL REQUEST

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_ DEPT. \_\_\_\_\_  
Starting Point & Destination \_\_\_\_\_  
Purpose of Trip \_\_\_\_\_

---

DATES of TRAVEL: From:(Date) \_\_\_\_\_ (TIME) \_\_\_\_\_  
To: (Date) \_\_\_\_\_ (TIME) \_\_\_\_\_

Per Diem: \_\_\_\_\_ day(s) at \$ \_\_\_\_\_ per day + \_\_\_\_\_ hrs. at \$ \_\_\_\_\_ = \_\_\_\_\_  
Vehicle Mileage: ( ) Official \_\_\_\_\_ Miles @ \$.40 \$.45/mi = \_\_\_\_\_  
( ) Private \_\_\_\_\_ Miles @ \$.31/mi = \_\_\_\_\_  
( ) Air Tourist ( ) Other \_\_\_\_\_ Cost of Airfare = \_\_\_\_\_  
Other travel costs: \_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ = \_\_\_\_\_  
Total Expenses = \_\_\_\_\_  
Reimbursement to Traveler = \_\_\_\_\_

Acct Number (s) \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_

No Cost to University, will be paid by outside funds \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Approval

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Acting Department Head (when applicable)

( ) Approved ( ) Disapproved  
( ) Approved with no reimbursement to be made from University funds

\_\_\_\_\_  
Dean of the College