

IN-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