

TRAVEL APPROVAL REQUEST

ALLOW FOR APPROPRIATE MAIL DELIVER TIME

Traveler's Name: \_\_\_\_\_ Driver  Passenger  (enterprise car only)  
 Drivers License: \_\_\_\_\_ State: \_\_\_\_\_

Staff  Faculty  Student  Admin, Dean, Provost, V.P. Bargaining Unit \_\_\_\_\_  
 Traveler's Department: \_\_\_\_\_ Phone Number \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Destination City: \_\_\_\_\_ State: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Depart. Time: \_\_\_\_\_  AM  PM  
 Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_  AM  PM

TRIP OPTIMIZER: [https://legacy.enterprise.com/car\\_rental/deeplinkmap.do?bid=046&mcid=XZ57176](https://legacy.enterprise.com/car_rental/deeplinkmap.do?bid=046&mcid=XZ57176)  
 List Passengers: \_\_\_\_\_  
**NOTE: EACH passenger is required to complete a Travel Approval Request Form.**

TRAVELER'S ESTIMATED EXPENSES

Enterprise Automobile: (Attach trip optimizer) \$ \_\_\_\_\_  
 Personal Automobile: ( \_\_\_\_\_ ) @ \$ 0.670 per mile \$ \_\_\_\_\_  
 Public Transportation (State Type of Transportation to be Used) \$ \_\_\_\_\_  
 Lodging ( \_\_\_\_\_ ) nights @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Conference Site (Host Hotel)  Yes  No Other (specify) \_\_\_\_\_  
 Subsistence: <https://www.gsa.gov/travel/plan-book/per-diem-rates> \$ \_\_\_\_\_  
 Conference Fees (**DO NOT ATTACH** original registration form) Select form of payment: \$ \_\_\_\_\_  
 Paid by Accounts Payable?  Yes (Submit original registration form along with literature)  
 Paid on ESU Purchase Card  Yes (Attach to credit card statement)  
 Reimbursed on Travel Expense Voucher?  Yes (Attach to travel expense voucher)  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL ESTIMATED EXPENSES (If NONE, specify \$0.00)** \$ \_\_\_\_\_

Original Signatures Required & Allowed Reimbursement From Budget

	Date	Personal Contrib.	Funding Source	Cost Center/WBS	GL Acct #	Amt.
Traveler _____	_____	_____	_____	_____	_____	\$ _____
Depart Chair/Director _____	_____	_____	_____	_____	_____	\$ _____
Grants Officer (If grant is involved) _____	_____	_____	_____	_____	_____	\$ _____
Dean/Manager _____	_____	_____	_____	_____	_____	\$ _____
Vice President _____	_____	_____	_____	_____	_____	\$ _____
President _____	_____	_____	_____	_____	_____	\$ _____
TOTAL						\$ _____

Business Office Review \_\_\_\_\_ Business Office Approval \_\_\_\_\_ Date \_\_\_\_\_ Fund Reservation # \_\_\_\_\_