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

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

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

Business Office Review _____ Business Office Approval _____ Date _____ Fund Reservation # _____

rev: 1/3/2024