

TRAVEL APPROVAL REQUEST

ALLOW FOR APPROPRIATE MAIL DELIVER TIME

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

Traveler's Department: _____ Purpose of Travel: _____ Staff Faculty Student Admin, Dean, Provost, V.P. Bargaining Unit _____ Phone Number _____

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

TRIP OPTIMIZER: http://www.enterprise.com/car_rental/deeplinkmap.do?bid=046&mcid=XZ57176
List Passengers: _____
VEHICLE RENTAL RESERVATION: http://www.enterprise.com/car_rental/deeplinkmap.do?bid=028&refId=ESTSTROU

TRAVELER'S ESTIMATED EXPENSES

Enterprise Automobile: (Attach trip optimizer)	\$ _____
Personal Automobile: (_____) @ \$ 0.585 per mile	\$ _____
Public Transportation (State Type of Transportation to be Used)	\$ _____
Lodging (_____) nights @ \$ _____	\$ _____
Conference Site (Host Hotel) <input type="checkbox"/> Yes <input type="checkbox"/> No Other (specify) _____	\$ _____
Subsistence: https://www.passhe.edu/inside/anf/accounting/Pages/Employee-Travel-Expense-Reimbursement-Rates.aspx	\$ _____
Conference Fees (DO NOT ATTACH original registration form) Select form of payment:	\$ _____
Paid by Accounts Payable? <input type="checkbox"/> Yes (Submit original registration form along with literature)	
Paid on ESU Purchase Card <input type="checkbox"/> Yes (Attach to credit card statement)	
Reimbursed on Travel Expense Voucher? <input type="checkbox"/> 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 # _____