ALLOW FOR APPROPRIATE MAIL DELIVER TIME

Traveler's Name: ___________________________ Driver [ ] Passenger [ ]

Driver's License: ___________________________ State: ___________________________

Bargaining Unit: ___________________________

Phone Number: ___________________________

Traveler's Department: ___________________________

Purpose of Travel: ___________________________

Destination City: ___________________________ State: ___________________________

Departure Date: ___________________________ Depart. Time: [ ] AM [ ] PM

Return Date: ___________________________ Return Time: [ ] AM [ ] PM

List Passengers: ___________________________


TRAVERLER'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) [ ] Yes [ ] 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? [ ] 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

<table>
<thead>
<tr>
<th>Cost Center/WBS</th>
<th>GL Acct #</th>
<th>Amt. $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveler</td>
<td>Date</td>
<td>Personal Contrib.</td>
</tr>
<tr>
<td>Depart Chair/Director</td>
<td>Date</td>
<td>Funding Source</td>
</tr>
<tr>
<td>Grants Officer (If grant is involved)</td>
<td>Date</td>
<td>Funding Source</td>
</tr>
<tr>
<td>Dean/Manager</td>
<td>Date</td>
<td>Funding Source</td>
</tr>
<tr>
<td>Vice President</td>
<td>Date</td>
<td>Funding Source</td>
</tr>
<tr>
<td>President</td>
<td>Date</td>
<td>Funding Source</td>
</tr>
</tbody>
</table>

TOTAL $________

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

rev: 5/31/2022