

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: http://www.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: (_____) @ \$ 0.655 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 # _____