

**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](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](http://www.enterprise.com/car_rental/deeplinkmap.do?bid=028&refId=ESTSTROU)

**TRAVELER'S ESTIMATED EXPENSES**

Enterprise Automobile: (Attach trip optimizer)	\$ _____
Personal Automobile: ( _____ ) @ \$ 0.625 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) _____	\$ _____
<b>Subsistence:</b> <a href="https://www.passhe.edu/inside/anf/accounting/Pages/Employee-Travel-Expense-Reimbursement-Rates.aspx">https://www.passhe.edu/inside/anf/accounting/Pages/Employee-Travel-Expense-Reimbursement-Rates.aspx</a>	\$ _____
Conference Fees ( <b>DO NOT ATTACH</b> 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: _____	\$ _____
<b>TOTAL ESTIMATED EXPENSES (If NONE, specify \$0.00)</b>	<b>\$ _____</b>

**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.	\$ _____
<b>Vice President</b> _____	Date _____	Funding Source	_____	_____	Amt.	\$ _____
<b>President</b> _____	Date _____	Funding Source	_____	_____	Amt.	\$ _____
<b>TOTAL</b>						<b>\$ _____</b>

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