

ALLOW FOR APPROPRIATE MAIL DELIVER TIME

Traveler's Name: _____ Driver ☐ Passenger ☐ Drivers License: _____ (enterprise car only) 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: (_____) @ \$ 0.700 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 # _____