

TRAVEL APPROVAL REQUEST

ALLOW FOR APPROPRIATE MAIL DELIVER TIME

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

Staff Faculty Administration or Dean or Provost or V. Pres. **PERSONNEL #** _____

Traveler's Department: _____ Dept. Extens.: _____

Purpose of Travel: _____

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

Return Date: _____ Return Time: _____ AM PM

State Car Requested? Yes No *If yes, apply online <http://ccfantom.admin.esu.edu/vehiclereservation/index.asp>, forward copy to Campus Police and original to A/P**

List Passengers: _____

NOTE: EACH passenger is required to complete a Travel Approval Request Form.

State Car Available? Yes No Car Assigned _____ Assigned by: _____

TRAVELER'S ESTIMATED EXPENSES

| | |
|--|----------|
| Personal Automobile: (_____ 0 _____ @ \$ 0.510 per mile) Complete Even If Requesting State Car | \$ _____ |
| 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 | \$ _____ |
| Conference Fees (DO NOT ATTACH original registration form) | \$ _____ |
| Paid by Accounts Payable? <input type="checkbox"/> Yes (Submit original registration form along with literature) | |
| Reimbursed on Travel Expense Voucher? <input type="checkbox"/> Yes (Attach to travel expense voucher) | |
| Other: | \$ _____ |
| TOTAL ESTIMATED EXPENSES (If NONE, specify \$0.00) | \$ _____ |

Signatures Required & Allowed Reimbursement From Budget

| | | | |
|---|------------|-------------------------|------------|
| Traveler _____ | Date _____ | Personal Contrib. _____ | Amt. _____ |
| Depart Chair/Director _____ | Date _____ | Cost Center/GL# _____ | Amt. _____ |
| Grants Officer (If grant is involved) _____ | Date _____ | Cost Center/GL# _____ | Amt. _____ |
| Dean _____ | Date _____ | Cost Center/GL# _____ | Amt. _____ |
| Vice President (all travel) _____ | Date _____ | Cost Center/GL# _____ | Amt. _____ |
| President's Council (\$500.00 or more) _____ | Date _____ | Cost Center/GL# _____ | Amt. _____ |

Business Office Review _____ Business Office Approval _____ Date _____ Budget Res # _____