



New  Supplement  Revised Application No. \_\_\_\_\_

Registration No. \_\_\_\_\_

Prepared by: \_\_\_\_\_

Phone: \_\_\_\_\_ M/S \_\_\_\_\_

# TRAVEL APPLICATION

Traveler's Name: \_\_\_\_\_ Group Leader  Yes  No Volunteer:  Yes  No

Home Address: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_

## TRAVEL ITINERARY

Destination(s): \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Date(s) Departing: \_\_\_\_\_ Hour: \_\_\_\_\_ Returning: \_\_\_\_\_ Hour: \_\_\_\_\_

## ESTIMATED TRAVEL EXPENSES

Train  State Car  Rental Vehicle  Plane  (Direct Bill) \_\_\_\_\_

Privately Owned Vehicle (Authorization form must be on file) \_\_\_\_\_

Lodging \_\_\_\_\_

Meals & Incidentals (Max. \$55.00/day + \$7.00/day incidentals) Itemized receipts required for meals \_\_\_\_\_

Other \_\_\_\_\_

Total \$ \_\_\_\_\_

State contract rates have been used where available \_\_\_\_\_ (applicant's initials)

If trip is to be reimbursed by other funds/agency, enter name of agency: \_\_\_\_\_

## PEOPLESOFT CHARTFIELDS

Amount (Authorized by Dept for reimb.)	Account	Fund	Dept. ID	Program	Class	Project
\$						
\$						
\$						

## REGISTRATION FEES (Registration form must be attached)

Prepaid by  Pro Card (Attach receipt)  Personal Check or credit card (Attach receipt)

To be paid by Accounting:	Account	Fund	Dept. ID	Program	Class	Project
\$						

Check Payable to: \_\_\_\_\_ Mail check by (date): \_\_\_\_\_

Remit address: \_\_\_\_\_

## ADVANCE - FOR GROUP / STUDENT TRAVEL ONLY

Advance requested in the amount of \$ \_\_\_\_\_ to be paid by (date) \_\_\_\_\_

## APPROVING SIGNATURES

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director / Dean (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature for Dept. ID# \_\_\_\_\_ Date \_\_\_\_\_

Provost / V.P. (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

AVP Finance (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

President (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Travel Expense Claims are due in the Accounting office no later than 30 days from the trip return date.