



Individual Request for Travel Form
Agency 36.02.29

Type of Travel: In-State Out-of-State Foreign

Employee Name: _____ Empl ID: _____

Office/Dept: _____ Phone: _____

Destination: _____

Purpose of Travel: Instruction Business Professional Development Recruitment Other

Specific Purpose: _____

Travel Dates/Times: Departure Date: _____ Return Date: _____
Departure Time: _____ am/pm Return Time: _____ am/pm

Method of Travel: State Vehicle Private Vehicle Bus Train Plane

Individual Estimated Costs:

Registration Fee: _____
Transportation: _____
Lodging: _____
Meals: _____
Tolls: _____
Miscellaneous: _____

Total: _____

Accounts Payable Use Only			
Prepaid	Amount	Pmt Method	Ref #
Registration Fee:	_____	_____	_____
Airfare:	_____	_____	_____
Mileage:	_____	_____	_____
Lodging:	_____	_____	_____
Meals:	_____	_____	_____
Tolls:	_____	_____	_____
Miscellaneous:	_____	_____	_____
Total:	_____	_____	_____

Employee Signature Date

Amount Approved	Dept Code to be Charged	Authorized Signatures/Date	
_____	_____	Supervisor	Date
_____	_____	Budget Administrator	Date
_____	_____	Budget Administrator	Date
_____	_____	Dean/Director	Date
_____	_____	Provost/Vice President/President	Date
_____	_____	Sponsored Programs Office	Date

THIS APPROVED TRAVEL FORM MUST BE ON FILE IN THE ACCOUNTS PAYABLE OFFICE, HH218 PRIOR TO YOUR TRAVEL.