

Travel Request Form

Name _____ UFID _____
 Conference or Event Name _____ City & State _____
 Departure Date _____ Return Date _____
 Source of Funds (Division, Grant, Foundation, Other) _____

*Please estimate travel costs and secure required approval below **before travel** or making purchases*

Please check one box for each expense

Personal Pcard Estimated expenses	Documentation Required for Reimbursement	
_____ Registration	Itemized registration confirmation <u>MUST INCLUDE REGISTRATION APPLICATION</u>	
_____ Airfare	Complete itinerary with travel times and ticket no.	
_____ Lodging	Complete folio including total cost breakdown of room charges only <u>(no food or incidentals)</u>	
_____ Parking	Receipts required if over \$25.00	
_____ Taxis	Receipts required if over \$25.00	
_____ Tolls	Receipts required if over \$25.00	
_____ Rental Car	Complete Rental Agreement	
_____ Fuel	Itemized receipts	
_____ Other	_____	
_____ Meals	Roughly \$36 per day, varies by travel times	
_____ Mileage	Number of miles x \$0.445	

Estimated Total _____

Approval Signatures

Traveler Approval

Division Chief / Chair Approval

Fiscal Approval

*Please report actual costs for **completed travel** below within 10 days of returning*

Final Depart Date _____ Time _____
 Final Return Date _____ Time _____

Attached Documentation Check List

Conference Agenda All Relevant Receipts

Please check one box for each expense

Personal Pcard Actual Expenses

Travel must begin before and end after the times provided below for reimbursement

	6am - 8am	12p - 2p	6p - 8p		
_____ Registration	\$6 Breakfast	\$11 Lunch	\$19 Dinner	Date	Total
_____ Airfare				_____	_____
_____ Lodging				_____	_____
_____ Parking				_____	_____
_____ Taxis				_____	_____
_____ Tolls				_____	_____
_____ Rental Car				_____	_____
_____ Fuel				_____	_____
_____ Other				_____	_____
_____ Meals				_____	_____
_____ Mileage				_____	_____

Actual Total _____

Total Miles _____ Start Location _____
 Multiplier \$0.445/Mile End Location _____
 Names of additional passengers _____

If claiming mileage to airport from home, include home address

Traveler Approval _____ **Date** _____