

TRAVEL APPROVAL REQUEST

ALLOW FOR APPROPRIATE MAIL DELIVER TIME

Traveler's Name: _____ (state car only)
 Driver Passenger 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:	(<u> 0 </u> @ \$ 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.	_____
_____	Date _____		Amt.	_____
_____	Date _____		Amt.	_____

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