



**TRAVEL REQUEST (Review Travel Regulations)**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Dept./ Section \_\_\_\_\_ Dept. No. \_\_\_\_\_

Destination: City \_\_\_\_\_ State \_\_\_\_\_

Purpose: \_\_\_\_\_

**Convention/Meeting:** Commencement Time \_\_\_\_\_  AM  PM Day/Date \_\_\_\_\_ Adjournment Time \_\_\_\_\_  AM  PM Day/Date \_\_\_\_\_  
(Enclose a copy of Convention/Seminar/Meeting announcement with request).

**PROPOSED ITINERARY**

Departure Time: \_\_\_\_\_  AM  PM Day/Date \_\_\_\_\_

Arrival Time: \_\_\_\_\_  AM  PM Day/Date \_\_\_\_\_

Departure Time: \_\_\_\_\_  AM  PM Day/Date \_\_\_\_\_

Arrival Time: \_\_\_\_\_  AM  PM Day/Date \_\_\_\_\_

Method of Travel:  Air  Rail  Bus  Private Auto  City Car

Indicate One-Way/Mileage If Traveling By Auto \_\_\_\_\_

**ESTIMATE OF TRIP EXPENSES**

Air Coach Fare \$ \_\_\_\_\_ Limousine \$ \_\_\_\_\_

Hotel @ \_\_\_\_\_/Night \$ \_\_\_\_\_ Others \$ \_\_\_\_\_

\*Registration \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

\*Food \$ \_\_\_\_\_

\*Indicate below meals covered by Registration Fees:

\_\_\_\_\_ Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ Dinners

Airline Tickets Required (Prepaid Fare) Yes \_\_\_\_\_ No \_\_\_\_\_

**Advance payment approved: \$ \_\_\_\_\_**

APPROVED: \_\_\_\_\_ (Date)  
(Division Head)

APPROVED: \_\_\_\_\_ (Date)  
(Federal Grants)

APPROVED: \_\_\_\_\_ (Date)  
(Department Director)

APPROVED: \_\_\_\_\_ (Date)  
(Comptroller)