

Check applicable: ☐ In-State
☐ Out-of-State
☐ International

Section I. Employee and Trip Information

Name: _____ Department: _____ Phone Number: _____

Travel Destination: _____ Departure Date: _____ Return Date: _____

Describe the reason for travel: _____

Section II. Estimated Expenses

Estimate all expenses to be incurred and indicate method of payment.

Transportation:

☐ Air ☐ Bus ☐ Railway ☐ Other _____ \$ _____ ☐ ☐ ☐

Company Vehicle (Internal Charge)

_____ miles @ \$ _____/mile _____ \$ _____ ☐ ☐ ☐

Private Vehicle (If choosing to drive a private vehicle for out-of state-travel, documentation of lowest airfare to destination is required to be submitted with this form.)

_____ miles @ \$ _____/miles _____ \$ _____ ☐

Rental Vehicle (Include rental cost, gas, fees, etc.) _____ \$ _____ ☐ ☐ ☐

Lodging:

Number of nights _____ @ \$ _____/night _____ \$ _____ ☐ ☐ ☐

Meals:

Estimate of total meals _____ \$ _____ ☐

Conference or Registration Fee _____ \$ _____ ☐ ☐ ☐

Special Meals or Banquets _____ \$ _____ ☐ ☐ ☐

Other Expenses _____ \$ _____ ☐ ☐ ☐

Total Estimated Trip Expenses _____ \$ _____

Employee Expense
Purchasing Card
P.O.

Rental Vehicle Justification:

Estimated cost of other transportation: \$ _____
 (eg. Taxi, airport shuttle, bus)

Explanation for needing a rental vehicle:

Rental Vehicle type: ☐ Mid-Size ☐ Compact ☐ Other*

*Explanation for "other" vehicle type:

Section III. Authorizations

Employee: _____

Date: _____

Department Manager: _____

Date: _____

CEO/ President: _____

Date: _____