

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: \_\_\_\_\_