

Travel Expense Estimation & Authorization

Check applicable: In-State		
☐ Out-of-State		
\Box International		
0 5	.,	
Section I. Employee and Trip Informa	tion	
Name:	Department:	Phone Number:
TravelOrigin-Destination:		DepartureDate:ReturnDate:
Describe the reason for travel:		
Section II. Estimated Expenses		
Estimate all expenses to be incurred and indicate	method of payment.	est
Transportation:	in the second	Rental Vehicle Justification:
•	*	Nental Venicle Justification.
☐ Air ☐ Bus ☐ Railway ☐ Other ☐ Company Vehicle (Internal Charge)	\$ 🗆 🗆	Estimated cost of other transportation: \$
miles @ \$/mile	\$	(eg. Taxi, airport shuttle,bus)
- '		Explanation for needing a rental vehicle:
Private Vehicle (If choosing to drive a private vehicle 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:		Rental Vehicle type: \square Mid-Size \square Compact \square Other*
Number of nights@ \$/n	ight \$ □ [*Explanation for "other" vehicle type:
Meals:		
Estimate of total meals	\$	
Conference or Registration Fee	\$ □ [
Special Meals or Banquets	🗆 🗆	
Other Expenses	\$ □ [
Total Estimated Trip Expenses	\$	
Section III. Authorizations		
Employee:		Date:
1 /		
Department Manager:		Date:
CEO/ President:		Date:
Additional Comments:		