PennState
University Libraries

☐ Grant ☐ Professional ☐ Administrative ☐ Endowment ☐ Training

Travel Request Form

Name _____ PSU ID_____ Date _____

Access ID _____ Department _____

Office Phone_____ Office Address _____

☐ Staff
☐ FT1   ☐ FTMY
☐ Untenured   ☐ Tenured

GENERAL INFORMATION

Destination (City, State) _____

Business/Purpose of Travel _____

Departure Date/Time _____ Return Date/Time_____

Sponsoring Organization _____ Are you a member? ☐ Yes ☐ No

EXPENSES

Transportation (air, auto, train, taxi)	$	For personal vehicle, estimated mileage: _____ (If round trip mileage is >750, airfare comparison needed) If flying from airport other than your "home" airport, comparison needed
Lodging	$	To utilize TA credit card, please make reservation and have hotel send credit card authorization form to mjw4@psu.edu
Food	$	Per Diem Rates: https://www.gsa.gov/travel/plan-book/per-diem-rates
Registration	$	Do you want the Travel Coordinator to prepay registration? ☐ Yes ☐ No If yes, copy of completed registration form must be attached.
Other	$	(e.g., phone, internet connectivity, parking, tips, tolls, misc.)
Total	$	Is personal travel combined with this business trip? ☐ Yes ☐ No

If yes, contact Travel Coordinator for more information PRIOR to making arrangements.
If foreign travel, register trip with TSN.

Notes:

FLEET RESERVATION

☐ Mid-Size Sedan (Malibu)   ☐ Full-Size Sedan (Impala)   ☐ Maxivan (15 passengers)

☐ Mid-Size Wagon (Chevy HHR)   ☐ Minivan (7 passengers, Caravan)   ☐ Mid-Size 4WD (Patriot

☐ Full-Size 4WD (5 passengers, Explorer) ☐ Large 4WD (8 passengers, Expedition, Suburban) ☐ Mid-Size Hybrid (Fusion, Malibu)

Pick up Date/Time _____ Return Date/Time_____

Carpooling? List other employees _____

APPROVALS

RELEASE TIME — REQUIRED FOR ALL TRAVEL:

This request supports our objectives and is appropriate within University Policy for the purpose indicated above. I approve release time for this travel.

_____
Budget Administrator   Date
(Department Head or Cost Center Manager)

ADMINISTRATOR APPROVAL:

This request supports our objectives and is appropriate within University Policy for the purpose indicated above. I approve funding for this travel.

_____
Dean/Associate Dean   Date

Budget/Fund to be charged _____

Maximum Amt approved (% or $, if applicable) _____

_____ Receipt confirmation sent (email)
_____ Approval/additional info email sent

_____ Administrative Review/signed
_____ To Business Office for processing