DELAWARE STATE UNIVERSITY

OFFICE OF BUSINESS & FINANCE

**Travel Request & Authorization Form**

***(This form is to be used for all DSU Personnel traveling on behalf of the University)***

***~ This form needs to be submitted at least 10 Business days prior to travel & requestor’s account must be cleared (i.e. NO OUTSTANDING credit card charges) prior to issuance ~***

**Approved Requisition#: R** XXXXXXXXX **Date Submitted***: 8/15/2024*

**Name of Traveler***:* Zhongyan Lin**Traveler’s D#***:* ***D***10059906

**Date of Departure:** *8/28/2024* **Dept ORG Code:** 2690

**Date of Return:** *12/23/2024*

***Description of Trip:***

***Teaching in Ningbo, China Campus***

***SECTION I (For Card Load Purposes)***

1. ***Transportation Arrangements***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Vendor Name*** | ***Mode of Transportation*** |  | ***Amount*** |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  |  |  |  |

1. ***Lodging Arrangements***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Location Name – City, State*** | ***# of Rooms*** | ***# of Stays*** | ***Nightly Rate*** | ***Amount*** |
| *Ningbo, China* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. ***Meals***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Meals for . . . .*** | ***# of Days*** | ***Meal Rate \**** | ***Amount*** |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
|  |  |  |  |

*\* Meal Allowance Rates for DSU Personnel are based on the GSA Rate by destination location (*[*https://www.gsa.gov/travel/plan-book/per-diem-rates*](https://www.gsa.gov/travel/plan-book/per-diem-rates)*) & Students Per Diem rate based DSU policy - Undergrads ($28/ day) vs Graduates ($45/ day). Both rates include tips. Meals covered by registration packages are* ***NOT*** *to be included in the Meal calculation.*

1. **Other Travel Needs for card use**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **# of items** | **Price/ Person** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **$ 0.00** |

|  |
| --- |
|  |

***TOTAL CARD LOAD EXPENSES (SECTION I) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .***

**SECTION II (*Non-Card Load Purposes*)**

1. **Cash Advance Request (***separate form***)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **# of items** | **Price/ Person** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **$ 0.00** |

1. **Personal Mileage**

|  |  |  |
| --- | --- | --- |
| **Trip** | **NET Miles Traveled \*\*** | **Amount** |
|  |  |  |
|  |  |  |
|  |  | **$** |

*\* Personal mileage rates are based on the time of travel & established by the Internal Revenue Service (chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.irs.gov/pub/irs-drop/n-23-03.pdf)*

**\*\* NET miles traveled is the distance between your normal commuter to DSU minus your home to destination.**

1. **Miscellaneous**

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  |  |
| **Amtrak** |  |
| **Meals for DESU employee: 94.75 day x 52.65** | **4988.59** |
|  | **$** |

|  |
| --- |
| **4988.59** |

***TOTAL NON-CARD LOAD EXPENSE (SECTION II) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .***

|  |
| --- |
| **4988.59** |

***TOTAL ESTIMATED EXPENSE FOR ENTIRE TRIP . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .***

|  |
| --- |
| *I understand that a purchase requisition signed by the Department Head and appropriate Budget Analyst must be executed within 72 hours upon my return. I certify that I have accounted to the Business Office for all expenses. I also understand that all travel requisitions must be approved prior to departure for the proceeding trip.* |

***Requests completed & signed should be sent to*** [**corporatecards@desu.edu**](mailto:corporatecards@desu.edu) **for processing**

* 8/15/2024*

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*Requestor’s Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Immediate Supervisor Approval Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Grant Supervisor/ Approval, if needed Date*