

# REQUEST FOR TRAVEL

## ESTIMATED EXPENSES

Name: \_\_\_\_\_ Date: \_\_\_\_\_ BANNER ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City, State & Zip US Citizen \_\_\_\_\_ NRA \_\_\_\_\_  
(Non Resident Alien)

Email: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

**Dates of Travel:**

Departure Date: \_\_\_\_\_ Home Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Home Time: \_\_\_\_\_

**Estimated Expenses:**

**1. Transportation:**

- Airfare \$ \_\_\_\_\_
- Parking/Taxi or Shuttle Service to Hotel \$ \_\_\_\_\_
- Mileage your Car \_\_\_\_\_ miles @ \$.30/mile \$ \_\_\_\_\_
- Other Expenses \$ \_\_\_\_\_

**2. Subsistence:**

		Travel Expense Allowance		
		<u>In State</u>	<u>Out of State</u>	
Breakfast	\$ 8.40	\$ 8.40	X _____	(how many) \$ _____
_____ Lunch	\$11.00	\$11.00	X _____	(how many) \$ _____
Dinner	\$18.90	\$21.60	X _____	(how many) \$ _____
<b>MEAL TOTAL</b>				<b>\$ _____</b>

3. Lodging per night times # of nights: \$ \_\_\_\_\_ X \_\_\_\_\_ \$ \_\_\_\_\_

4. Room Fees/Taxes times # of nights: \$ \_\_\_\_\_ X \_\_\_\_\_ \$ \_\_\_\_\_

**LODGING TOTAL** \$ \_\_\_\_\_

5. Registration: **TOTAL** \$ \_\_\_\_\_

6. Membership: **TOTAL** \$ \_\_\_\_\_

**Submit this form along with event announcement, agenda, itinerary, registration, mileage documentation, pre-paid receipts and/or travel arrangement documentation, etc.**