



Travel Funding Request Authorization

Employee Name: _____

Department: _____

Destination: _____

Date of Departure: _____

Purpose of Trip: _____

Date of Return: _____

Source of Support				
Per Diem:		Department	College	Self/Outside
Number of Days:				
Per Diem Rate:				
Total Per Diem:				
Actual Lodging:				
Number of Days:				
Rate per Day:				
Total Lodging Cost:				
Airfare:				
Departure Time:				
Arrival Time:				
Total Airfare Cost:				
Private Vehicle:				
Miles:				
Rate:	\$0.585			
Total:	\$			
	Rental Car:			
	Shuttle/Taxi:			
	Registration:			
	Other:			
	Total:			
	Index Name:			
	Index Number:			
	Fund Number:			

Approvals:

Employee Signature

Date

Finance

Date

Department Head/Supervisor

Date

Dean

Date