

Appendix D

A.

Non Routine Travel Request Estimation

Please complete and submit for approval prior to making reservations.

Employee Name			
Employee Title			
Department	(FACULTY)	(STAFF)	(ADMINISTRATION)
Date Submitted			

Travel Details

Mode of Transportation	Air _____	Auto _____	Other _____
# of Miles by Ground 1-way	Estimated Airfare		
If air transportation is used supporting documentation must be attached indicating cost benefit of air vs. automobile. (See handbook)			
Date of Departure		Date of Return	
Location From		Location of Destination	

Purpose/Justification of Travel (For example mandatory attendance, public relations, attendance required by a grant, etc)

Anticipated Expenses

Type of Expense	Description of Expense	Daily Expenses	# of Days	Total Expenses
Total Mileage (round trip + excur)	Automobile _____		1	\$0.00
Add'l Ground Transportation (parking, taxi, subway)			1	\$0.00
Conference/Registration Fees			1	\$0.00
Lodging (see guide for applicable caps)			1	\$0.00
Estimated Meals, Tips, Other \$35.00 cap/day			1	\$0.00

Only eligible for this reimbursement if overnight travel is required.

Miscellaneous (specify)		1	\$0.00
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Total Amount for Approval	Grand Total	\$0.00
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Authorized By (Please Print/sign) _____

Approved Not Approved Date: _____

Supervisor Signature _____ Date Signed _____

Approved by BOT – June 12, 2008

Employee Signature

Date Signed