



Employee \_\_\_\_\_

Dept. \_\_\_\_\_

Employee \_\_\_\_\_

Dept. \_\_\_\_\_

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

Destination \_\_\_\_\_

Mode of Travel \_\_\_\_\_

Dates

From: \_\_\_\_\_

Account Code \_\_\_\_\_

To: \_\_\_\_\_

**Food Allowance**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Breakfast							
Lunch							
Dinner							
Daily Total							

Meal Total \_\_\_\_\_

Note: Include travel days when distance exceeds 60 miles or more from work station.

Registration Fee \_\_\_\_\_

Air Fare \_\_\_\_\_

Lodging \_\_\_\_\_

Rental Car \_\_\_\_\_

Note: All travel information must be attached (hotel, conference registration, airline receipt)

Travel/Registration Fee Total \_\_\_\_\_

Total Estimated Cost of Travel  
(Meals + Travel + Registration) \_\_\_\_\_

Director Approval \_\_\_\_\_

Date \_\_\_\_\_

CAO Approval \_\_\_\_\_

Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_