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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Traveler’s Name: | |  | | | | | | | | | | | Faculty contact: | | |  | | | | | | | |
| Destination (city/state): | |  | | | | | | | | | | | Departure date: | | |  | | | | | | | |
|  | | | | | | | | | | | | | Return date: | | |  | | | | | | | |
| Travel purpose: |  | | | | | | | | | | | | | | | | | | | | | | |
| RESEARCH | | | COURSE | | | | | | CONFERENCE | | | | | TRAINING | | | | | | OTHER | | | |
| CONFERENCE NAME: | | | |  | | | | | | | | | | | | | | | | | | | |
| TRAVELING WITH STUDENTS? | | | | | | YES | | | | NO | | | | |  | | | | | | | | |
| PRESENTING? | | | | | | YES | | | | NO | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | |  | | | | |  | | | | | | | |  |
| FUNDING SOURCE: | | DEPARTMENT | | | | | | | | GRANT | | | | | | | SPLIT FUNDING (describe below) | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **COST ESTIMATE** | | | | | | | | | | | | | | | | | | | | | | | |
| PUBLIC TRANSPORTATION(AIR/RAIL) | | | | | | |  | | | | | | | | | | | | | | | | $ |
| CONFERENCE / REGISTRATION FEE: | | | | | | | $ |
| RENTAL VEHICLE: | | | | | | | $ |
| LODGING: | | | | | | | # OF NIGHTS | | |  | | PER DIEM RATE: | | | | | | |  | | | | $ |
| PERSONAL VEHICLE MILEAGE | | | | | | | # OF MILES | | |  | | PERSONAL MILEAGE RATE: | | | | | | |  | | | | $ |
| TAXI / SUBWAY / PARKING: | | | | | | |  | | | | | | | | | | | | | | | | $ |
| OTHER (DESCRIBE): | | | | | | | $ |
| PER DIEM MEALS (ONLY PAID FROM GRANT SOURCES OR FOR STUDENTS W/ RECEIPTS): | | | | | | | # FULL DAYS | | |  | | PER DIEM RATE: | | | | | | |  | | | | $ |
| # TRAVEL DAYS | | |  | | TRAVEL DAY RATE | | | | | | |  | | | | $ |
| **FUNDING SPLIT** | | | | | | | | | | | | | | | **TOTAL ESTIMATED COST:** | | | | | | | | $ |
| 100006 | | $ | | | | | | | | 5\_\_\_\_\_\_\_\_\_\_ | | | | | $ | | | | | | | |  |
| TRAVELER SIGNATURE: | | | | |  | | | | | | | | | | | | | DATE: | | |  | | |
| APPROVAL SIGNATURE: | | | | |  | | | | | | | | | | | | | DATE: | | |  | | |
|  | |  | | | | | | | |  | | | | |  | | | | | | | |  |
| FOR DEPARTMENT USE ONLY: | | | | | | | | | | | | | | | | | | | | | | | |
| DATE TA RECEIVED: | | | | | | | |  | | | DATE RECEIPTS SUBMITTED: | | | | | | | | | | |  | |
| DATE TRAVELER EMAILED TO SIGN TA: | | | | | | | |  | | | DATE TERV COMPLETE: | | | | | | | | | | |  | |
| DATE SUBMITTED FOR APPROVAL: | | | | | | | |  | | | DATE TRAVELER EMAILED TO SIGN TERV: | | | | | | | | | | |  | |
| DATE TRAVELER EMAILED APPROVAL: | | | | | | | |  | | | DATE TERV SUBMITTED FOR APPROVAL: | | | | | | | | | | |  | |
| DATE TERV COMPLETE: | | | | | | | |  | | | DATE TERV SUBMITTED TO AP: | | | | | | | | | | |  | |