

TRAVEL INFO SHEET

Department: _____ Date of Request: _____

Name of Traveler: _____ Title: _____

Destination(s): _____

Dates of Travel: _____

Purpose of Trip: _____

How are your duties covered during your absence? _____

Does this request include personal time? If so, please list dates: _____

ITEM	COMMENT(S)	METHOD OF PAYMENT (Personal, Concur Travel, ProCard etc)	PROJECTED EXPENSE
Airfare			
Lodging (including est. taxes)			
Rental Car	National or Enterprise only		
Mileage/Gas (roundtrip)			
Registration			
Other (parking, taxi, baggage etc)			
Meals			
Insurance	Required for international travel. Effective 1/1/20, no charge to departments, but enrollment is still required.		

Total Requested	
Total Authorized (completed by person authorizing travel)	

Additional Comments: _____

OFFICE USE ONLY – FUNDING SOURCE(S)

Speedtype	Amount	Funding Source Authorization Signature