

# TRAVEL REQUEST FORM

All Out-of-State Travel & In-State Lodging Exceptions

Date: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Division: \_\_\_\_\_ Program: \_\_\_\_\_

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

Travel Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

First Meeting: Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Second Meeting: Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

<b>Estimated Costs for Travel</b> -	<b>Cost</b>	<b>Notes/Comments</b>
Registration Fee	_____	_____
Airfare	_____	_____
Mileage / Rental Car	_____	_____
Meal Allowance	_____	_____
Lodging Expense	_____	_____
Misc. (Toll, Parking, etc.)	_____	_____
<b>Total</b>	_____	_____

**Lodging Expense Limitation Exceptions - MUST complete for all travel**

YES      NO

Request lodging up to 150% of maximum. Provide Reason: \_\_\_\_\_

\_\_\_\_\_

Request actual lodging; conference brochure attached

Names of Additional Travelers: \_\_\_\_\_

Additional Traveler / Program Comments: \_\_\_\_\_

\_\_\_\_\_

Agency No.	Fiscal Year	Fund	Amount
046			
046			

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Traveler \_\_\_\_\_ Date \_\_\_\_\_ Program Manager / Division Director \_\_\_\_\_ Date \_\_\_\_\_