



INTERNAL TRAVEL REQUEST FORM

PRIOR TO TRAVEL

NAME:		DATE SUBMITTED:	
ADDRESS:		BANNER ID #:	
DEPT CHARGED:		INDEX#:	
DESTINATION & BUSINESS PURPOSE: (what, where and why-provide documentation: agenda, invite, etc.)			
Date of Departure:		Time & Location of Departure:	
Date of Return:		Time & Location of Return:	
METHOD OF TRANSPORTATION:	State Vehicle #	Other (Passenger of; Personal)	Beg Odom:
			End Odom:
Reimbursement mileage rate is: .52			
NOTE: All travel requests must be submitted to and approved by supervisor <u>prior</u> to travel.			
Traveler Signature/Date:		Supervisor Signature/Date:	

UPON COMPLETION OF TRAVEL

Actual Date of Departure:		Actual Time & Location of Departure:	
Actual Date of Return:		Actual Time & Location of Return:	

NOTE: Original receipts for reimbursement (other than per diem but including receipts if overnight travel is being claimed) should be attached to this form and submitted to the Business Office for processing once travel is complete.

If meals are to be provided at your conference or meeting, please list them below (e.g. breakfast, lunch, dinner):

Does the above include any personal travel or normal commuting?		If yes, indicated amount of time and miles to be excluded:	
Signature of Traveler:		Date:	

Remit to Business Office within 10 business days of Travel Return.

BUSINESS OFFICE USE

Received by: _____ Date: _____ Total Reimbursement: \$ _____

Notes: _____