

TRAVEL WORKSHEET

NAME: _____

DATE SUBMITTED: _____

DESTINATION: _____

EMPLOYEE'S SIGNATURE: _____

ACCOUNT NUMBERS TO CHARGE: _____

FACULTY APPROVAL: _____

Purpose of trip:

Per Diem: YES NO

MEALS 6001 6010 6019
\$25 \$32 Federal
Rate

Depart/Return 6:30/11 11/1:30 5:15/8:30

Date	Breakfast	Lunch	Dinner	Total

Lodging 6003 6012 6020

Date	Room Cost	Tax	Tax	Total

List of room occupants:

Other expenses 6008 6017 6024

Date	Description	Amount

Transportation 6004 6013 6021

Mileage	Rate	Total

Airfare: _____

6006 6015 6022

Registration: _____

6009 6018 6025

Phone: _____

E-mail: _____

****(Required)**

Reimbursement

Total: _____