

Travel Cost Estimate Worksheet

This worksheet must be completed and attached to the direct pay cash advance request

Group: _____

Date(s) of Travel: _____

Destination: _____

Purpose of Trip: _____

Group Roster: (Costs are only allowable for paid faculty/staff and student group members)

Meals

Breakfast: \$6 x _____ students x _____ days = _____ -

Lunch: \$6 x _____ students x _____ days = _____ -

Dinner: \$8 x _____ students x _____ days = _____ -

Total Est. Meal Cost: \$ _____ -

Lodging (Allowable for trips exceeding 300 round trip miles)

_____ cost per night x _____ rooms x _____ days =

Total Est. Lodging Cost: \$ _____ -

Faculty/Staff
Signature: _____

Total Est. Travel Costs: \$ _____ -

Manager Approval: _____