



**TEXAS CHRISTIAN UNIVERSITY
TRAVEL REQUEST AND EXPENSE ESTIMATE FORM
(FOR OVERNIGHT TCU BUSINESS TRAVEL EXCEEDING \$1,000)**

DATE: _____

ID #: _____

NAME: _____

DEPT: _____

PURPOSE OF TRAVEL:

DATES OF TRAVEL: _____ DESTINATION: _____

ACCOUNT _____ FUND _____ DEPT _____ PROJECT _____

ESTIMATE OF EXPENSES:		FIRST APPROVAL:	
Transportation	_____	Recommend approval	
Lodging	_____	DO NOT recommend approval	
Registration	_____	_____	
Meals	_____	Signature	Date
Parking	_____	SECOND APPROVAL:	
Taxi	_____	Approved	
Mileage	_____	DO NOT recommend approval	
Miscellaneous	_____	_____	
TOTAL:	_____	Signature	Date
Advance Requested? (Y / N)	_____		
Amount of Advance **	_____		

Comments:

Signature _____

Date _____