

COLLEGE ENRICHMENT & OUTREACH PROGRAMS TRAVEL REQUEST FORM

Employee Name _____ SS No. _____ Banner ID _____

Mailing Address _____
(Address that Reimbursement Check will be Mailed)

PROGRAM (Please Circle One)

Title V	SSS	CEP
McNair	ROP	LAO
HEP	EOC	UB
CAMP	CPP	NH
Other (write in) _____		

Purpose of Travel _____

Relates to Program Objectives _____

Travel Destination _____
Travel Dates: _____

NOTE: Attach all documentation pertaining to this trip. Thank you.

CONFERENCE REGISTRATION FEES

Yes No

Conference Host _____

Conference Fee Amount\$ _____

Meals Included? Yes No Some

If "Yes" or "Some", please list _____

NOTE: Attach Per Diem Rates. Thank you.

AIRFARE ARRANGEMENTS

Yes No _____ I prefer to make my own arrangements

Airline Preference: _____

Outbound Flight

Travel To: _____ From: _____

Return Flight

Travel To: _____ From: _____

Date of Departure: _____ Time: _____

Date of Return: _____ Time: _____

GROUND TRANSPORTATION

- No Pickup Date _____ Pickup Time _____
- Yes Drop off Date _____ Drop off Time _____

Vehicle Preference _____ Small _____ Midsize _____ Doesn't Matter

Please indicate which is most cost-effective:

Round trip or one-way SHUTTLE will be required. Estimate: _____

Round trip or one-way TAXI will be required. Estimate: _____

NOTE: Attach copy of room rates.

LODGING ARRANGEMENTS

Conference Hotel _____

Conference Room Rate \$ _____ /night

Phone Number (_____) _____

Check in: _____ / _____ / _____ Check out: _____ / _____ / _____

PAYMENT

- Will Make Own Arrangements
-

- Visa
- MC
- American Express
- Other _____

Card Number _____ Card Expiration Date ____/____/____
 Name on Card _____

****Please blackout this information once reservations are made****

Travel Request Forms must be approved by your immediate supervisor before travel arrangements can be made. Please note that non-approved travel is subject to reimbursement refusal.

The Total Estimated Amount for travel is \$ _____, which will be billed to banner index no. and acct. code _____ upon my return.

_____/_____/_____
 Signature of Traveler Date

_____/_____/_____
 Supervisor Signature Date

_____/_____/_____
 Director Signature Date

This document must be attached to the Travel Voucher when submitting claims for reimbursement