



TRAVEL REQUEST

TYPE OF TRAVEL:	Out-of-State Travel/In-State Travel/International Travel	DATE OF REQUEST: 8/4/10 1
NAME OF EMPLOYEE: Jane Done 2		
Employee ID #: 3	TITLE: Faculty/Staff/Student 4	DEPARTMENT: Controller's Office 5
DATES OF TRAVEL: 8/1 – 8/31/10 6	DESTINATION: Ghana 7	PURPOSE OF TRAVEL: International Meeting 8
METHOD OF TRAVEL: 9		
DESCRIPTION OF COSTS:	METHOD OF PAYMENT:	ESTIMATED \$ AMOUNT:
Registration	Purchasing Card or P.O.	\$350.00
Lodging	Purchasing Card	\$1250.00 10
Meals		\$850.00
Transportation		\$1672.00
Other: Parking, taxi, etc.		\$150.00
	TOTALS:	\$4272.00
APPROVALS: 11		
Employee Signature/Date	Supervisor Signature/Date	V.P./Provost Signature/Date

Dean/Director Signature/Date	Grant/Sponsored Program Signature/Date

Account	Fund	Department	Program	Class	Grant/Project	SUBTOTALS
3331	40	155020	06	04		1424.00
3331	40	155001	06	04		1424.00
3331	43	540195	04	04	1557	1424.00