HRSM TRAVEL REQUEST WORKSHEET

Please submit this form two weeks prior to trip to ensure travel is approved prior to travel date.

Name	VIP ID
Destination Cities	
Depart Date	Return Date
Purpose of Travel: State the specific reason for travel and include the benefit to the College. Attach invitation if presenting or speaking.	
☐ Presenting Paper ☐ Invited Speaker ☐ Professional Development ☐ Grant ☐	
Other	
Name of Conference	Conference Start/End Date
METHOD OF TRANSPORTATION (If travel is <500 miles then by car/state vehicle and if travel is <500 miles then by air carrier. If you choose to travel by car over 500 miles attach air quote for car milage justification with this worksheet.)	
AIRFARE RENTAL C	CAR STATE VEHICLE
PERSONAL VEHICLE MILEAGE (miles	x current amount/mile) =
HOTEL (Please ask for state government rate, if available)	
PER DIEM NOT PROVIDED BY HOST/CONFERENCE	
REGISTRATION FEE B	BAGGAGE FEE
LOCAL TRANSPORTATION	PARKING
INTERNET OT	HER
EXPENSES TO BE PAID BY HOST	
ACCOUNT(S)	EST. TRIP TOTAL
Allocation Spent Balance O	ther* Balance + Other - Est. Trip
*Additional funds provided through Grant, Director, Chair, and/or Dean, in writing.	
Submitted by:	Date
upervisor Date Bud	lget OfficeDate

Submit this form to your Proxy for approval and processing prior to travel.