

EMPLOYEE TRAVEL REQUEST

ETR-		-		-	
	Campus/ Dept Code		Departure Date		Employee's Last Name

Please use the number above on all purchase order requests for hotel, meals, travel, and registrations. All employee travel requests must be submitted **at least three weeks** prior to the scheduled event. All employee travel requests must be **encumbered** (entered into accounting system) by campus/departments secretary to ensure availability of funds. To expedite the approval process after campus/dept. approval, please fax the request to the business office at (936) 653-3031. Return purchase orders for hotel and registration with pick-up or mailing instructions by Tuesday if check is needed to be picked up by Friday. Reimbursements for actual meal costs (receipts required) and mileage will be reimbursed upon completion of the actual cost column. All check requests received weekly by Tuesday at 10 am will have a check ready for pick-up by Friday of that week.

Name: _____ Date of Request: _____

Employee's Current Mailing Address: _____

Destination: _____ Travel Dates: _____

Purpose: _____ Sub-Y or N: ____ If Yes, # of Days _____

Hotel Name: _____ PO # _____

Address: _____ Vendor # _____

_____ Phone # _____

Registration Payable to: _____ P. O. # _____

	Estimated Cost	ACTUAL COST
--	----------------	-------------

HOTEL:	# Nights	xRate	\$	# Nights	xRate	\$
--------	----------	-------	----	----------	-------	----

OVERNIGHT TRAVEL ONLY-ACTUAL COST for Meal Reimbursement not to exceed \$46/per day) Attach Receipts.

MEALS:						
--------	--	--	--	--	--	--

Breakfast	# _____	X \$7.00	\$ _____	# _____	X \$7.00	\$ _____
-----------	---------	----------	----------	---------	----------	----------

Lunch	# _____	X \$14.00	\$ _____	# _____	X \$14.00	\$ _____
-------	---------	-----------	----------	---------	-----------	----------

Dinner	# _____	X \$25.00	\$ _____	# _____	X \$25.00	\$ _____
--------	---------	-----------	----------	---------	-----------	----------

MILEAGE:	# _____	X .655	\$ _____	# _____	X .625	\$ _____
----------	---------	--------	----------	---------	--------	----------

OTHER:	Registration	\$ _____	Registration	\$ _____
--------	--------------	----------	--------------	----------

	Other: _____	\$ _____	Other: _____	\$ _____
--	--------------	----------	--------------	----------

	TOTAL EXPENSES	\$ _____	TOTAL EXPENSES	\$ _____
--	-----------------------	----------	-----------------------	----------

BUDGET CODE: 199- _____ TOTALS \$ _____

BUDGET CODE: 199- _____ TOTALS \$ _____

Traveler's Signature: _____ Date _____

Supervisor's Signature _____ Date _____

Staff Develop. Approval _____ Date _____

Special Programs Approval: _____ Date _____

Business Office Approval _____ Date _____