

TRAVEL ORDER

Date:	Charge to Account:	
Name:	Destination:	
Purpose:	Address:	
Date and Time of Departure:	Date and Time o	f Return:
Other members of party:		
TRAVELING OUT OF STATE IF REIMBURSE	MENT FOR TRAVEL OUT OF STAT	TE IS REQUESTED, CHECK BELOW:
TRAVELING OUT OF STATE IF REIMBURSEMENT FOR TRAVEL OUT OF STATE IS REQUESTED, CHECK BELOW: Travel involved is integrally related to duties assigned. Failure to approve such travel would prohibit performing primary duties. Specify duty under explanation. The requested travel authorization is demonstrably required by terms of a contract or grant. Name contract or grant under explanation.		
* * * * If travel out-of-state is for attendance Conferences, Conventions or Meetings of associations and organizations, check below. * * * * Presentation of research findings and/or significant program participation at a meeting or conference, etc. Explain below: Officer of sponsoring organization with significant role in conduct of meeting, conference, etc. Name office and organization below:		
EXPLANATION:		
Please Note: This form must be completed and approved in advance of travel requested. Submit all copies for signature to your appropriate budget holder and then to the Business Office.		
ESTIMATED TRAVEL EXPENSES		
Check, and Provide Necessary Information:		AMOUNT
College reimbursement not required.		
Travel by College car requested. Estimated mileage:		
Reimbursement for travel by personal car requested.		
(Mileage X State reimbursement rate535		
Travel by personal car requested—No charge to College.		
Travel by common carrier (bus, airplane, train).		
Fare		
Meals		
Lodging		
Tolls		
Dues or Registration Fee (please indicate)		
Other expenses (please indicate)		
Total requested by Traveler		
Total approved by Budget Holder\$		
REQUEST FOR COLLEGE VEHICLE ASSIGNMENT		
Approved Disapproved (No vehicle available) Not Applicable		
REQUEST FOR TRAVEL		
Approved Disapproved	NOTE: Be sure to submit	Budget Holder
Approved Disapproved	SIGNED COPY of this form to the Office of Business Affairs.	Appropriate Vice President
— the Office of Business Affair	one of Dubiness Infants.	дриоримо что гтозиоти

DISTRIBUTION: 1-Business Office; 1-Budget Holder, 1-Originator

Please Note: Requests for reimbursement will be honored only up to the amounts indicated above

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