WESTERN CONNECTICUT STATE UNIVERSITY REQUEST FOR PROFESSIONAL TRAVEL WORKSHEET

TRAVEL AUTHORIZATION NEEDS TO BE COMPLETED AND RECEIVED IN THE TRAVEL OFFICE 2 WEEKS PRIOR TO THE TRIP

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Name:		hone:	Banner ID:
Title:	Work P	hone:	
AAUP MGMT SUOAF-AFSCME OTHER (specify)			
Itinerary – Travel most always starts from home and returns to home			
Travel From: Depa		on (date)	at (time)
Travel To: Return		on (date)	at (time)
Purpose of Travel: (Attach Conference Information to Travel Authorization)			
Is the University pre-paying the registration fee Yes No			
with a check? If yes, the vendor FEIN is mandatory:			
Is a travel advance being requested?			
If yes, up to 80% of the un-paid balance can be requested. \$			
Lodging: Please make every effort to obtain lowest cost	possible	Total Cost (Itemize	2)
How many nights?		Airfare/Rail fare	\$
Cost per night?		Registration Fee	\$
Tax per night? Total Cost \$		Rental Car <mark>*</mark>	\$
(transfer lodging cost to lodging line o	on right)	Taxi/Limo	\$
Meals: M&IE rates can be found at WWW.GSA.GOV			
		Parking/Tolls	\$
How many days are you traveling? @ per diem \$		Other (specify)	
Are any meals included in the conference	e?		\$
Yes No		Lodging	\$
If yes, please list meals included:		Meals	\$
		Mileage	\$
No meals for one day trips		wineage	
Mileage: Insurance declaration page required for reimbursement			Total Cost \$
How many miles V 70			s must be justified in writing on a
How many miles X .70 cents per	mme	travel authorization	Form and submitted with your
Total Mileage\$			
(transfer mileage cost to mileage line c	on right)		Form Revised 2/25
Banner Org:			Amount Approved \$

COMPLETE POLICIES AND INSTRUCTIONS REGARDING TRAVEL CAN BE OBTAINED FROM <u>WWW.WCSU.EDU/TRAVEL</u> OR CALLING THE TRAVEL OFFICE AT 837-8505