

SWTX NON-LOCAL/OVERNIGHT TRAVEL REQUEST/REIMBURSEMENT FORM

1 Department: _____
1 Traveler's Name: _____
 Street Address: _____
 City, State, Zip: _____
 Colleague ID#: _____

2 Date Submitted: _____
 Departure Date & Time: _____
 Return Date & Time: _____
 Travel Destination: _____
 Travel Purpose: _____

SECTION A: TRAVEL REQUEST/ANTICIPATED TRAVEL EXPENSES (PRE-TRAVEL)

3 ESTIMATE		4 REQUESTED PREPAYMENTS					
		Payee	Purpose	Amount	CK	PO	CC
Hotel Expense	\$			\$			
Registration	\$			\$			
Meals - Per Diem ***	\$			\$			
Travel-Air	\$			\$			
Travel - Mileage	\$			\$			
Other	\$			\$			
TOTAL ESTIMATE	\$	TOTAL PREPAYMENTS			\$		

Top Signatures Pre-Travel Estimate Approval

5 Requesting Travel P-card \$ _____

7 Traveler Signature _____ Date _____ Supervisor (or Prof Developmnt Officer) Signature _____ Date _____ VP Signature _____ Date _____

SECTION B: ACTUAL TRAVEL EXPENSES (POST-TRAVEL) (ALL EXPENSES INCLUDING PREPAYMENTS)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	TOTALS
Date/Dates								
Each City								
Number of Miles								
Mileage \$ Amount	\$	\$	\$	\$	\$	\$	\$	\$
Parking/Tolls	\$	\$	\$	\$	\$	\$	\$	\$
9 Rental Car/Taxi/Bus	\$	\$	\$	\$	\$	\$	\$	\$
Airfare	\$	\$	\$	\$	\$	\$	\$	\$
Hotel	\$	\$	\$	\$	\$	\$	\$	\$
Registration Fees	\$	\$	\$	\$	\$	\$	\$	\$
Meals Per diem 75% first & last day)	\$	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$	\$
DAILY TOTALS	\$	\$	\$	\$	\$	\$	\$	B \$

6 Fund _____
 Department _____
 Object _____
 Location _____
 Amount From **B** \$ _____

RECONCILIATION

Total Travel Expenses	B \$
Less Prepaid & Travel P-card Cost	\$
Amount Due Traveler	\$
Amount Due SWTX	\$

Bottom Signatures Post-Travel Approval

10 Traveler Signature _____ Date _____ Supervisor Signature _____ Date _____ VP Signature _____ Date _____