

## TRAVEL REQUEST WITHIN THE UNITED STATES

Please complete this form only to the heavy double line and remember...

- Prior approval of the Department Head is required.
- Advances cannot be issued unless within 10 days of traveling. Travel must be out-of-state for ALL advances.
- A **completed** registration form must be attached for prepaid registration.
- Confirmation of conference hotel (if applicable) should be attached either with request or **itemized** receipts.
- When traveling by public carrier (airplane, rental car, etc.) ALL travel arrangements (transportation, lodging and rental vehicles) **MUST BE** handled by the *contracted travel agency – Travel Leaders, Inc.*  
If public transportation is not used, the traveler is free to make lodging arrangements without the use of Travel Leaders, and if a quote by Travel Leaders can be beat by \$25 or more, then the traveler can go with the lower quote. **NOTE: IT IS THE USE OF A PUBLIC CARRIER WHICH TRIGGERS THE REQUIRED USE OF TRAVEL LEADERS.**

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Title: \_\_\_\_\_ MSU 9-digit ID No.: \_\_\_\_\_

Dates of Travel: LEAVE \_\_\_\_\_ RETURN \_\_\_\_\_

Coverage of classes and lessons needed and/or arranged: No:  Yes:  Covered by: \_\_\_\_\_

Destination: FROM \_\_\_\_\_ TO \_\_\_\_\_

Intermediate stops: \_\_\_\_\_

Purpose of trip: **PLEASE do not use anagrams or initials, give entire name of Conference or Group** \_\_\_\_\_

Mode of transportation:  Airplane  Rental Vehicle  MSU Vehicle  Private Vehicle  Other \_\_\_\_\_

Are you requesting reimbursement for this trip?  Yes  No If you checked "Yes" then continue completing this form down to the double line.

How will this trip be paid for:  Departmental Funds  E & E Funds = Submitted \_\_\_\_\_ Approved \_\_\_\_\_

Grant (Name/No) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Lodging \_\_\_\_\_ Conference Hotel:  Yes  No

Sharing Room with: \_\_\_\_\_ MSU Department: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Prepay  Yes  No Advance Requested: \_\_\_\_\_ Amount: \_\_\_\_\_ Advance Received: \_\_\_\_\_

Please do not enter information below this line. Thank you.

TRP Number: \_\_\_\_\_ EBTA No.: \_\_\_\_\_ Charge to Account: \_\_\_\_\_

Date	Breakfast	Lunch	Dinner	Total	Date	Breakfast	Lunch	Dinner	Total

Total Meals: _____ Total Lodging: _____ Registration: _____ Total Mileage: _____ Air Fare: _____ Other (specify): _____ <b>TOTAL REIMBURSEMENT:</b> _____	Comments: _____  Total mileage of _____ @ .585/mile = \$ _____ To travel for pre-registration and/or advance _____ To Travel for reimbursement _____ Contact in Travel: _____
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