

Library Travel Financial Support Request Form

Type of Travel:

Name: _____ Email: _____
 Event: _____ Empl ID: _____
 Event Location: _____
 (City/ State): _____ Event Dates: _____
 Sponsoring Organization: _____ Vacation or other leave to be used: Date(s) _____
 Departure Date: _____
 Return Date: _____

PLEASE SELECT APPROPRIATE BOX:

I will register/pay and seek reimbursement

I need Library to register/pay I will register/pay with Procard

ESTIMATED EXPENSES:

Must use Corporate Travel Planners for air travel and rental car. Contact Corporate Travel at 1-866-366-1142.

1. Transportation:

Air Fare: _____
 Car _____
 # of Miles @ _____ (eff. Jan 1, 2024)
Use Mapquest for mileage
 Shuttle/Taxi _____
 Baggage expenses _____
 Other (Please Specify) _____

2. Parking:

Please complete ALL REQUIRED Fields on Page 1 and Page 2. The form will not be submitted electronically if Required fields are not complete.

3. Lodging

No. of nights _____ @ \$ _____
 Total Cost: \$ _____

4. Registration

\$ _____

5. Meals

\$ _____

Please note: Meal expense receipts are **REQUIRED**, and should be **itemized** when available.

6. Incidentals

7. Estimated Expenses:

\$ _____

APPROVALS:

 Applicant Signature Date

 Department Head/Director Signature Date

 Dean/Associate Dean Signature Date

Base & Incentives Requested & Approved

\$ _____ Base This section should be completed by the Employee, and verified by the supervisor before it is routed to the Deans Office.
 \$ _____ Incentive 1
 \$ _____ Incentive 2
 \$ _____ Admin Funds (Dean approval only)
 \$ _____ Total Approved

This form may be electronically signed by the Applicant, and may also be submitted electronically to the Department Head/Director for digital signature/approval. The form may then be digitally routed to the Dean/Associate Dean for final approval. If you choose to submit the form electronically please hit the submit button and allow the form to process through workflow.
