



TRAVEL REQUEST

Traveler's Name _____

Department _____

Starting Point _____

Date and time of departure _____

Destination _____

Date and time of return _____

Do travel dates correspond to the conference or function schedule? yes no If no, justify _____

Reason for trip (attach documentation such as schedule of events or program) _____

Benefit to CNM _____

Method of Reimbursement (check one): per diem actual costs stipend (flat amount) stipend (percent)

ESTIMATED COSTS

Institute Costs
(estimated per diem/actual or
maximum stipend amount authorized)

1. Lodging \$ _____

Meals _____

-or- _____

Per diem _____ days @ \$ _____ per day

2. Mode of travel plane official vehicle. other _____

(check one) private vehicle: _____ miles @ \$ _____ per mile

Source for mileage calculation _____

If plane fare is not the lowest reasonable fare, justify _____

3. Registration fees _____

4. Vehicle rental: justify _____

5. Other (tax, parking, ground transport, etc.) _____

6. Substitute costs (faculty only) _____

Estimated total cost _____

Estimated total amount employee is to be reimbursed _____

Cost account(s) _____ amount _____

Approval is hereby requested for travel on official Institute business.

Approvals

traveler's signature _____ date _____

dean/director/supervisor _____ date _____

I certify that the above amounts are accurate and comply with Institute policy.

vice president _____ date _____

travel coordinator _____ date _____