

TRAVEL REQUISITION

Date: _____ T _____

PART I: TRAVEL DATA (All applicable items must be completed)			
Traveler's Name:	Department:	FOAP - - -	
Home Address:	Employee ID No.:	Tel. No.: (Office) _____ (Home) _____	
Travel Advance Requested: () Yes () No (Note: Semi-monthly employees only unless group travel is involved)		e-mail address: _____	
Type Travel: () Individual () Group () Overseas	Travel Contact Person: _____ Applicable Supporting Documents Attached: () Yes () No Overseas Travel Authorization Attached: () Yes () No	TSU PO Box # _____	No. in Group _____
Destination: _____	Departure Date: _____ Return Date: _____	Departure Time: _____ Return Time: _____	Meeting Date(s): _____
MODE OF TRAVEL/ACCOMMODATIONS			
___ Air ___ Train ___ Commercial Rental Car ___ Enterprise Rent-A-Car ___ Personal Car Other: _____ Charter Transportation Required: ___ Bus ___ Aircraft _____ Size (No. Passengers) Enterprise Rent-A-Car (class requested): () Economy () Compact () Intermediate/Standard () Van () Other: _____ Name and Address of Motel/Hotel: _____ () Single () Double No. of Rooms: _____ No. of Persons: _____ No. of Nights: _____			
COST ESTIMATE INFORMATION			
Mileage: \$ _____	No. of Miles/Rate: _____ x _____	Airfare: \$ _____	Baggage: \$ _____
Meals: \$ _____	Taxi: \$ _____	Parking: \$ _____	Lodging: \$ _____
Other Expenses: (specify) _____ \$ _____		_____ \$ _____	
Total Amount of Requisition: \$ _____		Grant Officer Approval: _____	

PART II

Blanket Travel Authorization []	In State []
Single Trip Authorization []	Out-of-State []
PURPOSE FOR TRAVEL: 	
I UNDERSTAND THAT A PAYROLL DEDUCTION WILL BE MADE BY THE STATE FOR A TRAVEL ADVANCE IF A CLAIM IS NOT FILED IN A REASONABLE LENGTH OF TIME OR UPON TERMINATION OF EMPLOYMENT.	
PART III: APPROVALS FOR PART I and II ONLY	
Traveler's Signature: _____	President or Designee: _____
PART IV: TRAVEL EXCEPTION (Approval as required and ONLY by the President or designee)	
Travel require exception to established travel policies due to : A. ___ Official Resort/Convention Lodging Rates of \$ _____ plus tax per day. (attach conference brochure or info from conference website) B. ___ OTHER (describe): _____ _____	
Approved: (President or Designee) _____	Date: _____

TSU Travel Office Use Only:	Date Airfare Faxed _____	Banner Ref. Number _____
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