

Tennessee State University
Travel Requisition
Out-of-State Checklist

Items Needed:

1. CONUS Domestic Per Diem Rates
2. Travel Requisition Form
3. Agenda or flyer
4. Hotel Confirmation

Line Items

- Date – Date completing form
- T – **Leave Blank. This is for the Travel Office Purposes Only**
- Traveler's Name - Your Name (please no nicknames, only the name listed in the directory)
- Department – Cooperative Extension
- FOAP – Fund number provided, Org number provided, Account – 73200, Program – 300
- Home Address – Complete home mailing address
- Employee ID No. – T#
- Tel No. – Provide county office, home or cell, and TSU email address
- Travel Advance Requested: Check No.
- Type Travel: Check Individual
- Travel Contact Person - Leave Blank, this references group travels.
- Applicable Supporting Documents Attached - Leave Blank, this references group travel.
- Overseas Travel Authorization Attached - Leave Blank, this references overseas travel.
- TSU PO Box - Leave Blank
- No. in Group – Leave Blank
- Destination – List city and state (e.g. New Orleans, LA)
- Departure Date – Date you are leaving. Per policy, you may leave one (1) day prior to event start date.
- Return Date – Date you are returning. Per policy, you may return one (1) day after event completion date.

University Policy (5.9.15) - Claims for reimbursement of travel expenses should be **SUBMITTED NO LATER THAN THIRTY (30) DAYS** after completion of the travel. Claims submitted after this period **MUST** provide written explanation for the delay.

- Departure Time – Estimated time departing. This time is important for airline ticket purchase.
- Return Time – Estimated time returning. This time is important for airline ticket purchase.
- Meeting Date(s) – Dates of event attending (e.g. 7/5 – 7/8).
- Mode of Travel/Accommodations – Check Air, Train, Commercial Rental Car, Enterprise Rent-A-Car, Personal Car, or Other (please explain e.g. carpooling with another agent)
- Charter Transportation Required – Leave blank, this would be used for large groups such as sports teams
- Enterprise Rent-A-Car (class requested) – Check only if Enterprise Rent-A-Car is checked above. Must select class to fit number of passengers (i.e. do not choose Van for two passengers).
- Name and Address of Motel/Hotel – List name and mailing address of hotel/motel. In addition, select single or double room, complete No. of Rooms, complete No. of Persons, and complete No. of Nights
- Cost Estimate Information – Please include accurate estimates for all costs.
 - Mileage – Leave blank. Form will calculate amount based on number of miles.
 - No. of Miles/Rate – If you are driving personal vehicle, mileage would round-trip mileage from home/office to destination. If traveling by air, round-trip mileage can be included from home/office to airport.
 - Airfare – Using a travel website of your choice determine price of airline ticket. Please add \$100.00 - \$150.00 to the cost of the ticket. Rationale: Ticket price that particular day. Time of purchasing ticket is after approval and typically higher ticket prices. Wright Travel will contact you to secure airline ticket. If you use another travel company or website, you will be responsible for the ticket and will be reimbursed after submitting claim form.
 - Baggage – Claim baggage fee. Some airlines do not charge baggage fees, but there is no guarantee your flight will be made using those airline companies.
 - Meals – Using CONUS Domestic Per Diem Rates, calculate 75% per diem for days of departure and return. Calculate 100% per diem for days not of departure nor return.
 - Taxi – estimate cost of using taxi service or airport shuttle service.
 - Parking – estimate cost of hotel parking or any parking charges.
 - Lodging – estimate cost of hotel with any additional fees and taxes.
 - Rental Car – estimate cost of rental car.
- Total Amount of Requisition – Form will calculate amount based on input in Cost Estimate Information.
- Single Trip Authorization – Check box.
- Out-of State – Check box.
- Purpose of Travel – Provide meeting name (e.g. Annual National Association of Extension 4-H Agents Conference).
- Traveler's Signature – Please sign and date form.

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- President of Designee – Please have County Director sign and date form.
- Part IV: Travel Exception – If hotel costs are above the allowed rate stated in CONUS Domestic Per Diem Rates, an exception may be made. You must provide documentation stating that the lodging is the conference hotel. Use OTHER for travel exceptions (e.g. some resorts charge cleaning fee, state amount and documentation of cleaning fee).

Items to Submit

- Signed Travel Requisition
- Meeting agenda or itinerary
- Hotel Confirmation

If you have any questions, please contact
LaSonia Brown
(615) 963-1351
lasonia.brown@tnstate.edu

TRAVEL REQUISITION

 Date: 7/1/16
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PART I: TRAVEL DATA (All applicable items must be completed)

Traveler's Name: John Doe	Department: Cooperative Extension	123456	FOAP - 1 7 0 9 5 - 7 3 2 0 0 - 300
Home Address: 123 Somewhere Blvd Somewhere, TN 123456	Employee ID No.: T12345678	Tel. No.: (Office) 615-555-1234 (Home) 615-555-5678	e-mail address: jdoe@tnstate.edu

 Travel Advance Requested: () Yes () No (Note: Semi-monthly employees only unless group travel is involved)

Type Travel: (<input checked="" type="checkbox"/>) Individual () Group () Overseas	Travel Contact Person: _____	TSU PO Box # _____	No. in Group _____
Applicable Supporting Documents Attached: () Yes () No	Overseas Travel Authorization Attached: () Yes () No		
Destination: New Orleans, LA	Departure Date: <u>10/8/16</u> Return Date: <u>10/14/16</u>	Departure Time: <u>8:00 AM</u> Return Time: <u>11:00 AM</u>	Meeting Date(s): <u>10/9-10/13</u>

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: Hyatt Regency New Orleans 601 Loyola Avenue New Orleans, LA 70113
 () Single () Double No. of Rooms: 1 No. of Persons: 1 No. of Nights: 5

COST ESTIMATE INFORMATION

Mileage: \$ 10.34 No. of Miles/Rate: 22 x 0.47 Airfare: \$ 300.00 Baggage: \$ 50.00
 Meals: \$ _____ Taxi: \$ 50.00 Parking: \$ 56.00 Lodging: \$ _____ Rental Car \$ _____
 Other Expenses: (specify) _____ \$ _____

 Total Amount of Requisition: \$ 466.34

Grant Officer Approval: _____

PART II

Blanket Travel Authorization []	In State []
Single Trip Authorization [<input checked="" type="checkbox"/>]	Out-of-State [<input checked="" type="checkbox"/>]

PURPOSE FOR TRAVEL:

Annual National Association of Extension 4-H Agents Conference

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: _____
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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 _____