



TRAVEL OFFICE

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) _____ e-mail address: _____

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

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 _____
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Destination:	Departure Date: _____ Return Date: _____	Departure Time: _____ Return Time: _____	Meeting Date(s): _____
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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: \$ _____ Rental Car \$ _____
 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: _____
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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: _____
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TSU Travel Office Use Only: Date Airfare Faxed _____ Banner Ref. Number _____