



## Travel Justification

Traveler Name

Phone

Email

Date of Travel

Total Amount of Travel

PR#

Please describe how this travel relates to your Title III Activity. State the objective first, then provide justification/purpose.

### Travel Checklist:

Travel was budgeted in your original proposal

Lodging

Registration completed

Mileage

Meals

Airfare

Baggage

Parking

Taxi

State Car

Signature of Traveler

Signature of Immediate Supervisor

If all items are not completed, your Travel will be held until completion.

## TRAVEL REQUISITION

Date: \_\_\_\_\_ T \_\_\_\_\_

TRAVEL DATA (All applicable items must be completed)			
Traveler's Name:		Department:	FOAPAL (Account Number)
Home Address:		Employee ID No.:	Tel. No.: (Office) (Home) e-mail address:
Travel Advance Requested: ( ) Yes ( ) No <b>(Note: Semi-monthly employees only unless group travel is involved)</b>			
Type Travel: ( ) Individual ( ) Group ( ) Overseas	Travel Contact Person: _____ Applicable Supporting Documents Attached: ( ) Yes ( ) No Overseas Travel Authorization Attached: ( ) Yes ( ) No		No. in Group
Destination:	Departure Date: _____ Return Date: _____	Departure Time: _____ Return Time: _____	Meeting Date(s)
MODE OF TRAVEL/ACCOMMODATIONS			
_____ Air _____ Train _____ Commercial Rental Car _____ State Car _____ Personal Car _____ Other: _____ Charter Transportation Required: _____ Bus _____ Aircraft _____ Size (No. Passengers) _____ If state owned vehicle (type vehicle required): ( ) Economy ( ) Compact ( ) Medium ( ) Van ( ) Other: _____ Name and Address of Motel/Hotel (if known): _____ ( ) 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 [ ]
<b>PURPOSE FOR TRAVEL:</b>	
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:	Divisional Approval:	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's Signature)	Date:

<b>TSU Travel Office Use Only:</b>	Date Airfare Faxed	Banner Ref. Number
_____	_____	_____