TENNESSEE STATE UNIVERSITY

TRAVEL OFFICE

TRAVEL REQUISITION

Date: _____ **TR** _____

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: TSU PO Box # _____ No. in Group _____

Applicable Supporting Documents Attached: ( ) Yes ( ) No

Overseas Travel Authorization Attached: ( ) Yes ( ) No

Destination:

Departure Date: _____ Departure Time: _____

Return Date: _____ 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: $ 0 No. of Miles/Rate: _____ x 0.76 Airfare: $ _____ Baggage: $ _____

Meals: $ _____ Taxi: $ _____ Parking: $ _____ Lodging: $ _____ Rental Car $ _____

Other Expenses: (specify) _____ $ _____ _____ $ _____

Total Amount of Requisition: $ 0 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 _____

Revised: 04-06-2022