



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: \_\_\_\_\_ TSU PO Box # \_\_\_\_\_ No. in Group \_\_\_\_\_
Applicable Supporting Documents Attached: ( ) Yes ( ) No
Overseas Travel Authorization Attached: ( ) Yes ( ) No

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: \$ \_\_\_\_\_ 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:
[Empty box for purpose of 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 \_\_\_\_\_