



TRAVEL REQUEST

Date: _____

Employee Name: _____

Contract/Task #: _____

Travel Dates: Depart: _____
 Return: _____

Location: _____
 Location: _____

Reason for Travel: _____

Authorized Transportation Mode

Private Vehicle: _____ Rental Vehicle: _____ Airline: _____ Other: _____

<u>AIRFARE</u>	<u>HOTEL*</u>	<u>AUTO</u>	<u>MEALS & I/E*</u>	<u>MISC</u>	<u>TOTAL</u>
Estimated Cost: _____					
*Use Government rates: http://perdiem.hqda.pentagon.mil/perdiem/perdiemrates.html					

Travel Estimate Computations:

Airfare: _____ Automobile: Private - _____ Other: _____

Rental - _____

Hotel Daily Rate: _____ X Number of Days: _____ = Total _____

Meals & Incidental Expenses: _____ X Number of Days: _____ = Total _____

Miscellaneous: _____

Advance Requested: Yes No (circle) Amount: _____ (up to 90% of Total Estimate)

Employee Signature: _____ Date: _____

Program/Project Manager Approval: _____ Date: _____

Controller Funds Certification: _____ Date: _____

**Entertainment Expenses Authorized: Yes No
 (President or Controller authorization only _____)