

**COLLEGE OF ARTS & SCIENCES
INTERNAL TRAVEL REQUEST & AUTHORIZATION WORKSHEET**

Prepared By: _____

Date: _____

Traveler Name: _____

Employee ID: _____

Reason for Travel: _____

Is Personal Travel Involved: _____

Yes or No: _____

If yes # of Personal Days: _____

Conference Name: _____

Travel or Conference Location: _____

Departure Date: _____

Return Date: _____

Expense Type	Prepaid By P-Card Amount	Employee Paid Amount	Fund Number (4 digits)	Dept Number (5 digits)	Cost Center Number (7 digits)	Project Number (10 digits)
Registration						
Airfare						
Lodging						
Transportation						
Per Diem (Meals)						
Baggage						
Parking						
Misc.						
Misc.						
Misc.						
Total	-	-				

Notes:

**Approvals: (Type name/title and date in the appropriate cells, then
FORWARD THIS SPREADSHEET TO THE PERSON LISTED BELOW YOUR NAME/EMAIL)**

Email Address	Name/Title	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____