TRAVEL PLANNING GUIDE

Name: ___________________  Campus ID: ___________________  FOP: ___________________

Purpose: ___________________  Accompanied by: ___________________

ITINERARY
From (Date, Location, & Time): ________________________________

To: (Date, Location, & Time): ________________________________

LODGING  Paid By:  ☐ TCard  ☐ Traveler

No. of Nights of Lodging: _______  Allowable Per Diem Lodging Amount: _______

Lodging Tax (Estimated): _______

Lodging Exceeds: ________________ (Lodging Rate over the Allowable Per Diem, Pay Discretionary Funds)

Discretionary FOP: ________________

MEALS  Paid by:  ☐ Traveler (No Meals on TCard)

Allowable Per Diem Meal Amount: _______

Are any meals provided? If so, please list. ___________________________________________

ADDITIONAL EXPENSES
Airfare: _______  Paid By:  ☐ TCard  ☐ Traveler

Baggage Fee: _______  Paid By:  ☐ TCard  ☐ Traveler

Parking: _______  Paid By:  ☐ TCard  ☐ Traveler

Mileage: _______  Paid By:  ☐ TCard  ☐ Traveler

Registration: _______  Paid By:  ☐ TCard  ☐ Traveler

Auto Rental: _______  Paid By:  ☐ TCard  ☐ Traveler  ☐ Direct Bill

Auto Rental Fuel: _______  Paid By:  ☐ TCard  ☐ Traveler (Fuel for auto rental only.)

Tolls: _______  Paid By:  ☐ TCard  ☐ Traveler

Transportation (Taxi, Shuttle, Public Transport): _______  Paid By:  ☐ TCard  ☐ Traveler

Other: ________________ (Please include description)  Paid By:  ☐ TCard  ☐ Traveler

Zero Dollar Travel  Paid By:  ☐ Traveler (No reimbursement needed)

****Please attach an agenda with this planning form.****