

PCOE TRAVEL REQUEST/VOUCHER FORM

GENERAL INFORMATION

Fill this form out for either an authorization (3 weeks prior to the trip) or a reimbursement (20 days after you return). Save the request form and attach any supporting documentation then email to your Administrative Assistant within your academic unit.

(select corresponding box)

Traveler Name: _____ CID: _____

TA:
 TR:

Purpose of Trip: (put a X in the box)

<input type="checkbox"/> Conference	<input type="checkbox"/> Study Abroad	<input type="checkbox"/> Meeting	<input type="checkbox"/> Recruiting
<input type="checkbox"/> Field Trip	<input type="checkbox"/> Interview	<input type="checkbox"/> Presentation	<input type="checkbox"/> Research

Explanation of Travel: _____

Who are you traveling with: _____

How will your courses & office hours be covered? _____

ITINERARY

Travel Dates: From: (mm/dd/yy) _____ To: (mm/dd/yy) _____

Departure Time: _____ Return Time: _____

Destination (City, State/Country): _____

EXPENSES

Amount	Method of Payment	
Auto Rental	Direct Bill	*Attach Google Maps & Vehicle Cost Comparison
Auto Rental Fuel	Traveler	
Personal Car in lieu of Rental	Traveler	*Attach Google Maps & Vehicle Cost Comparison
Meals	Traveler	Meal Reimbursement Rates
Airfare	T-card or Traveler	*T-card can only be used with Academic Unit Funds
Hotel	T-card or Traveler	
Hotel Tax	T-card or Traveler	Notes:
Registration	T-card or Traveler	
Baggage Fees	Traveler	
Parking	Traveler	
Taxi/Shuttle/Tolls	Traveler	
Internet	Traveler	
Mileage @ .545 (personal vehicle)	Traveler	*only if rental car unavailable, and must provide documentation
Total for ENTIRE trip \$		-

[Google Maps](#) [Cost Comparison](#)

Requested Funds	FOAP	TOTAL
Professional Development		
ORSP		
Other:		
Perkins	289560-22010-250	

Attach award letters

*Do not list potential funds

*Perkins funds will not be available until after travel and will only cover half of entire travel

MEALS: **to be filled out when submitting your TR**

Add the date and check the box for meals not provided

Date	Breakfast	Lunch	Dinner	Date	Breakfast	Lunch	Dinner
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE CERTIFICATION

By signing below, I certify the requested travel is appropriate and necessary for conducting official State business, and agree to comply with [Travel Policy 3.29](#)

Faculty Signature: _____ Date: _____