

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: 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.******