UNIVERSITY OF
MONTANA
School of **Business** Administration

Travel Request and Authorization

Traveler's Name:						
UM ID # (NOT SS#)	**790-**			☐ Faculty	☐ Staff	☐ Student
Home Address & Zip Code:				Phone:		
Departure (Date):		(Time):		Return (Date):		(Time:)
Destination (City, State, Country):						
Purpose of Trip:						

Reimbursement Requested? ☐ Yes ☐ No		Advance Requested? ☐ Yes ☐ No	

ESTIMATED EXPENDITURES:		Front Office Use
Air Fare (***must*** be paid for on a Procard):	$	*Booked: _____* *Original Receipt to Fisc:__Copy to Recep:__*
[a] Private Vehicle (_____ miles @ .27/mi *(non-State employees a .56/mi.)*:	$	☐ *Motor Pool Vehicle (attach completed Vehicle Rental Request)*
[PC] Rental Vehicle at destination:	$	*Bring back receipt May be charged on ProCard.*
[a,p] Conference Registration:	$	*Original Receipt to Fisc:__Copy to Recep:__*

[PC] Lodging
    $_____/night (including tax)
    × ____ nights =
	$	*Hotel Name:_____*
		 Phone Number:_____
		 Bring back receipt

[a] Meals (per diem): *In-state rates B=$5, L=$6, D=$12;* *Out-of-state rates: B=$7, L=$11 ea., D=$23*	$	___ B @ $_____ = $____ ___ L @ $_____ = $____ ___ D @ $_____ = $____
[a] Miscellaneous Expenses (parking, airport shuttle, cab, etc.):	$ 100	*Baggage Expenses go on Procard* *Internet Expense goes on hotel bill (Procard)*
ESTIMATED TOTAL:	$	

Signatures and Approvals:	
Traveler:	Date:
Turn this form in to your Department Assistant.	

Key: a = can be included in Advance; p = can be paid for by Procard; PC = ***must*** be paid for by Procard
Per Diem requires 3 continuous hours within period *and* leave/return 1 hour before/after usual work hours (B=midnight–10:00am / L=10:01am–3:00pm / D=3:01pm–midnight)