

## Request and Authorization for Travel Employee □ Student □ Foreign □ Group check all that apply

## Please be sure to provide the most accurate estimate of all costs you think you will incur.

Trav	velers ID 790#:	ers ID 790#: 9 digits, for example 790-12-3456												
Emp	ployee Name:					Address: make sure you keep your address up to date in Cyberbear								
Dep	partment:	WAFCFC				Business Purpose:	be specifi	c: "meeting wi	AF annual conference"					
Des	stination:	City, State Dep				el-Departure t	time begins Time:	s 1 1/2 hrs pric	r to actual departure time Return Date:Time:					
For Inter	I am combining this trip with personal travel:													
Esti	imated Trip Expe	nses: this cell	has a form	ula			gher rate \$0.545/mi, a rate							
Pers	sonal Vehicle	\$ this cell h	write over 0.00 nas a formula	•	# of Miles Rental Car V		Rate	standard rate \$0.262/mi	Justification		equired. Contact Accounting hen it is acceptable.	-		
Ren	ntal Car	\$ do not w	rite over 0.00			/ Hertz / Facu UM motorpool				Rental Ca	ar Gas only enter if rental a commercial vend			
Airfa	are	\$												
Bag	ggage	\$	\$					lightly Lodgir	ng Cost (if f	ederal rate is Out-of-	Click on the link "Request for Actual Nightly Lodging Cost" and			
Tax	i/Shuttle			In-State (check one) osts temporarily unavailable, due to and or to special functions.				ent rates were re	select destination city and state to see max lodging rate BEFORE taxes.					
Parl	Parking         \$           Lodging         \$					y travel arrangements precluded being commodations at state rates.			☐ Necessary for purposese of accessibility and/or security to stay at the conference hotel <b>OR</b>			If your daily lodging rate (before taxes) is higher than the federal		
Lod					Remote lo	cation with lin	ition with limited accommodations			ent rates are no	t available at another hotel from the convention hotel.	rate, you must check the		
Reg	gistration	\$			state rates.	·			OR  Emergency travel arrangements precluded by					
Mise	cellaneous	\$		_					able to find a	accommodations	at federal rates.			
See UM Meal P	al Per Diem Per Diem policy o edu/business-servio			ravel w		R	EQUIR Index	RED Account	Rate Approv	Amount	Do you wish to receive the meal per diem before you travel? If yes, enter below.	You may request a meal per diem advance if the total is over \$50.  Ask about Direct Deposit for		
The part of the control of the contr	Time Ranges	Calculator		Foreign	US Rate	Dollars	M65432				Per Diem Advance Amt	Accounts Payable (recommended).		
12:0:	1 AM - 10:00 AM	Breakfast			\$ 11.00	\$0.00					\$ -	(reconlinenced).		
10:0:	1 AM - 3:00 PM	Lunch			\$ 12.00	\$0.00		1901			Travel Advance Amt			
Check one to rates. For fore	PM - Midnight  get the correct per eign state rate, ente		e O	Out of State	\$ 23.00 Foreig	\$0.00 In/Other		1901			S - Only for Foreign & Student Travel. Advance requests must exceed \$50, enter amount above.	Travel advance may be requested for foreign and student travel wher travel arrangements cannot be made to pay with a UM procard.		
	* Note - Accounts Payable payments are issued on Thursdays only *  Please Use A/P Direct Deposit if possible											For example, lodging, rental vehicle and fuel, ground transportation, anticipated personal vehicle mileage, flights, registration fees.		
Addii	Additional Info:  Enter more details here, for example:     "sharing transportation with so-and-so"     "using David Affleck's faculty fleet vehicle"     "not claiming meal per diem" or "all meals provided"     "lodging is camping, no fees expected"     "Airfare and lodging to be paid from index M*****, vehicle rental and meal per diem to be paid from Mxxxxx*.													
Prep	repared by: Required, in case we have questions Title: Date:													
	Phone: I certify that I have accurately estimated ALL Business related costs to the best of my ability. The Total Trip Expense above is the maximum I am authorized to spend on trace.  The travel will be completed by the lowest reasonable cost method, and I will comply with all UM Travel and Procard Procedures										vel.			
Аррі	roval:	Travelers Sig	nature:	REQUI	RED traveke	ED traveker's wet-ink signature here								
	Supervisors Signature: REQUIRED supervisor's / grant PI's wet-ink signature here Date:													



	UNIVERSITY OF			mployee		pense ent □F	Repor oreign	t □ <b>G</b> ro	u <b>p</b> ch	neck al	l that ap <sub>l</sub>	ply			
Travelers I	lete record of your tr	avei expe	enses snould be de	etailed on th	is report					make su	re your addr	ess matche	s the one in	ı Cvberbear	
Travelers I	D (OW 19#)		Name:						Address:	.o you. uuu.	- Indiana				
Prepared By: Ext			Ext:	_				Department:					-		
Destinatio	n:				Busine	ss Purpose:	be specific	: "meeting v	vith Bill Jone	es/BLM", "f	ield research	for X project	", "SAF ann	ual conferen	
Departure Date: Time			Time:				F	eturn Date: Time:							
List Meals	Provided: For example:	"All meals	provided", "Breakfast or	8/2, Lunch on	8/2 & 8/3, Dinn	ner on 8/2/20	)18"								
(List only n	neals that were provided to	the travele	select from pu	-	ible to receive	per diem for	·)		tal lodging o						
Enter each	nter each travel day on a separate line below				Private Vehicle Mileage (Odometer)			the Procard section below  Auto-calc Per Diem Per Diem			1		1	Daily	
Dates	Description/			Start	Stop	This Trip	Rate	Amount	Lodging	Meals	Out of Pock	et Expenses	Amount	Total	
8/2/2018	Missoula to Deer Lodge	, MT	Private Vel	85000	85100	100	0.262	\$26.20	65.00	0.00	Baggage Fe	е	25.00	\$116.20	
8/3/2018	Deer Lodge, MT	MT	Private Ve	05400	05000	0	0.000	\$0.00	65.00	17.00	Davidson #40	) Fuel 045		\$82.00	
8/4/2018	Deer Lodge to Missoula	, IVI I	Private ve	85100	85200	100	0.262	\$26.20 \$0.00		23.00	Parking \$10	), Fuel \$45	55.00	\$104.20 \$0.00	
						0		\$0.00						\$0.00	
						0		\$0.00						\$0.00	
						0		\$0.00						\$0.00	
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						0		\$0.00						\$0.00	
						0		\$0.00						\$0.00	
						0		\$0.00						\$0.00	
	Mileage Log Total-See Attach							\$0.00						\$0.00	
Totals	Mileage Log Total Over 1000	miles-See Att	ached					\$0.00 \$52.40	\$130.00	\$40.00			\$55.00	\$0.00 \$302.40	
I am waivii	ement Waiver: If you wa ng my right for full reimbu ders Initials:	rsement by		ated. 40.00	this section, in please includ above, then v	e all meals	that you are	e eligible for	Total Trave Less Total	Amount P	s aid through E harged on Ul		nce	Auto-calc \$1,316.70 \$ 369.25 \$ 1,144.30	
REQUIRED M65432			Index Account	Activity	Amount	Amount			Less Amount Waived \$ 40.00						
			M65432					Less Per Diem Received in Advance \$ -							
								Less Advance Received \$ -  Amount Due Employee \$132.40							
						1									
<u> </u>				Total Due: \$132.40 Auto-calc electronic deposit card, attach the check and forward to treasury for deposit.											
Only enter distribution for amount due employee.										ana ioi maia	o nododný tor do	poort.			
		Out of Poo	cket Expenses \$25 or	greater must h	ave original re	eceipts atta	ched, Copi	es of all Pro	ocard reciep	ots must b	e attached.				
	** This fo	orm must be	completed and filed wit	hin two months	(60) days after i	ncurring the	travel expe	nses, otherw	ise the right t	to reimburs	ement will be v	waived.**			
	Itemization of UM Proca	and Character			Attack	u of all De-	nord Chair								
Date	Item		Procard if Different	Amount	Attach a cop	Item	card Charg		rocard if Diff	forent	Amount	1			
7/1/18	Airline	Affleck, [		564.30	Juic	item		. vame on r	. ocura ii Dili	.c.c.ii	, anount				
8/4/18	Per Diem Lodging	Rothell, I	Marie (admin)	\$130.00	per diem lod	ging amoun	it is automa	ically broug	ht to this ce	ll if you en	ered it in the	top section			
7/1/18	Registration fee	Rothell,	Marie	\$150.00											
8/4/18	Rental Vehicle	Rothell,	Marie	300.00		ļ					ļ				
Banner doctor for this trip	uments processed  If you used your supervised Faculty Fleet vehicle: n UM Motorpool vehicle:	visor's FCF0 nileage x ra	Fleet vehicle, or UM Note \$0.545 = total cost, for	or example 250	le, this is where miles x \$0.545	=\$136.25	o enter the		st:	UM Motor	pool vehicle	\$ 233.00			
	I certify that all expenses The travel was by the low								y me on this	s business	trip.				
Travelers S	ignature REQUIRED	traveler's	signature here			Date									
		Only red	quired if the Total Trav	el Expense exc	eeds the Total	-		_							
Supervisor	's Signature, as required		pense approved in the			Date		_				Revised: 04	/2015		

Date \_\_\_\_\_