



**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.**

Travelers ID 790#: 9 digits, for example 790-12-3456

Employee Name: \_\_\_\_\_ Address: make sure you keep your address up to date in Cyberbear

Department: WAFCCF Business Purpose: be specific: "meeting with Bill Jones/BLM", "field research for X project", "SAF annual conference"

**Airline Travel-Departure time begins 1 1/2 hrs prior to actual departure time**

Destination: City, State Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

I am combining this trip with personal travel:  Yes  No (If yes appropriate documentation must be attached showing there is no additional cost)  
 For International Travel-Registration Complete:  Yes  No **If combining with personal travel, a comparison ticket is required, contact the Accounting Office before making flight arrangements.**

**Estimated Trip Expenses:** *this cell has a formula do not write over*

Personal Vehicle \$ 0.00 # of Miles \_\_\_\_\_ Rate standard rate: \$0.262/mi Justification \_\_\_\_\_ *If requesting higher rate \$0.545/mi, a rate justification is required. Contact Accounting for details on when it is acceptable.*

Rental Car \$ 0.00 Rental Car Vendor E.g. Enterprise / Hertz / Faculty Fleet vehicle / UM motorpool Rental Cost \_\_\_\_\_ Rental Car Gas \_\_\_\_\_ *only enter if rental is through a commercial vendor*

Airfare \$ \_\_\_\_\_

Baggage \$ \_\_\_\_\_

Taxi/Shuttle \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Meal Per Diem \$ 0.00

Request for Actual Nightly Lodging Cost (if federal rate is exceeded)	
In-State (check one)	Out-of-State (check two)
<input type="checkbox"/> Lodging costs temporarily unavailable, due to season demand or to special functions.	<input checked="" type="checkbox"/> Government rates were requested and were not available at hotel where the conference is; <b>AND</b>
<input type="checkbox"/> Emergency travel arrangements precluded being able to find accommodations at state rates.	<input type="checkbox"/> Necessary for purpose of accessibility and/or security to stay at the conference hotel <b>OR</b>
<input type="checkbox"/> Remote location with limited accommodations within 15-mile radius precluded accommodations at state rates.	<input type="checkbox"/> Government rates are not available at another hotel within a reasonable distance from the convention hotel. <b>OR</b>
	<input type="checkbox"/> Emergency travel arrangements precluded being able to find accommodations at federal rates.
Rate Approved: \$ _____	Rate Approved: \$ _____

Click on the link "Request for Actual Nightly Lodging Cost" and select destination city and state to see max lodging rate BEFORE taxes.

If your daily lodging rate (before taxes) is higher than the federal rate, you must check the appropriate boxes on the left.

**See UM Meal Per Diem policy on Business Services Travel website:**  
<http://www.umt.edu/business-services/Employees/Services/Accounts%20Payable/Travel.php>

**REQUIRED**

**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 Accounts Payable (recommended).

Time Ranges	Calculator	Number	Foreign	US Rate	Dollars	Index	Account	Activity	Amount	Per Diem Advance Amt
12:01 AM - 10:00 AM	Breakfast			\$ 11.00	\$0.00	M65432				\$ -
10:01 AM - 3:00 PM	Lunch			\$ 12.00	\$0.00		1901			Travel Advance Amt
3:01 PM - Midnight	Dinner			\$ 23.00	\$0.00		1901			\$ -

Travel advance may be requested for foreign and student travel when travel arrangements cannot be made to pay with a UM procard.

Check one to get the correct per diem rates. For foreign state rate, enter B: \$7 / L: \$11 / D: \$18

In State  Out of State  Foreign/Other

**Only for Foreign & Student Travel.** Advance requests must exceed \$50, enter amount above.

Total Trip Expense \$ 0.00

**\* Note - Accounts Payable payments are issued on Thursdays only \***

**Please Use A/P Direct Deposit if possible**

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".

Prepared 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 travel.  
 The travel will be completed by the lowest reasonable cost method, and I will comply with all UM Travel and Procard Procedures

Approval: Travelers Signature: REQUIRED traveler's wet-ink signature here Date: \_\_\_\_\_

Supervisors Signature: REQUIRED supervisor's / grant PI's wet-ink signature here Date: \_\_\_\_\_

