

# EMPLOYEE TRAVEL REQUEST

**Original, Approved Travel Request Due To Financial Services Ten (10) Days Prior To Travel**

**INSTRUCTIONS:** Complete form prior to making reservations. The travel agency requires a faxed copy of this approved form to book air travel. Travel expense claims cannot be processed unless Financial Services has a Travel Request on file. The **traveler is responsible** for submitting this form to Financial Services. Please retain a copy for your records.

## TRAVEL / TRIP INFORMATION

Prepared by: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Date: \_\_\_\_\_ Employee ID No.: \_\_\_\_\_ Campus: \_\_\_\_\_ ☐ In State  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ ☐ In State w/Registration  
 Department: \_\_\_\_\_ Sort Code / Extension: \_\_\_\_\_ ☐ Out of State  
 Destination: \_\_\_\_\_ Mode of Travel: \_\_\_\_\_ ☐ Out of State w/Registration  
 Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ ☐ Foreign  
 Purpose of Trip (Name of organization, location, time of meeting, etc. Conference materials must be attached.)

## CONFERENCE REGISTRATION

Is payment of a Conference Registration Fee required as part of this travel? ☐ Yes ☐ No

If so, please indicate amount \$ \_\_\_\_\_ and RX or LPO number \_\_\_\_\_

## ESTIMATED TRAVEL COST

Transportation: \_\_\_\_\_

Per Diem: \_\_\_\_\_

Lodging: \_\_\_\_\_

Estimated Total Cost: \_\_\_\_\_

\*Must Equal Total In Accounts Charged.

ACCOUNT(S) CHARGED						
FUND	AGENCY	ORG	OBJ	SOBJ	DESCRIPTION	AMOUNT
*TOTAL						

## TRAVEL ADVANCE

A travel advance is issued on an exception basis only and may not exceed estimated costs for per diem and incidentals. If a travel advance is required, justification must be provided below. Advances will not be issued for less than \$50. The travel advance amount will be encumbered on the account(s) designated unless travel expenses are paid by other sources.

I understand that I must submit a travel claim within 15 days after completion of the trip with remittance of any balance due CSN, and that no future advances will be processed until this advance is cleared. If no travel claim is submitted, I will be liable for the full amount of any travel advance I received, plus any subsequent collection costs, through payroll deductions. I further understand that CSN will not be responsible for **personal** travel expenses.

I am requesting a travel advance in the amount of \$ \_\_\_\_\_. I \_\_\_\_\_ expect to receive a travel allowance from sources other than CSN.

Justification: \_\_\_\_\_  
☐ Approved ☐ Not Approved.

## APPROVALS

Travelers Signature \_\_\_\_\_

Approved by Vice President \_\_\_\_\_

Approved by Dean or Director \_\_\_\_\_

Approved by President \_\_\_\_\_

## REQUEST FOR APPROVAL OF LODGING RATE EXCEPTION

Exceptions to allowed rates must be requested **in advance**. Per State regulations, granting rate exceptions after conclusion of travel is not allowed.

I am requesting a lodging rate exception. Justification: \_\_\_\_\_

I will be staying at \_\_\_\_\_ Rate per night excluding tax \_\_\_\_\_ Allowed Rate per GSA \_\_\_\_\_

Rate rule: \_\_\_\_\_ Calculation: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 (must equal % from rate rule) → % per rate rule GSA rate for location maximum room rate

☐ GSA rate printout attached

☐ Supporting documentation attached

☐ APPROVED ☐ NOT APPROVED

Senior VP Finance & Administration or President