## **Travel Request Form FY23**



Name:			
Destination:	Origin Point:		
Dates of Travel:	Personal Leave:		
Time of Departure:	Time of Return:		
Person Responsible for Admin Duties while away:			
Person Responsible for Classes while away:			

Int'l Travel?	Yes	No	International Travel Must Be Approved By OIA 30 Days Prior		
International Travelers MUST Complete Section III					

**Travel Explanation** 

Provide a clear business purpose for the trip.

Describe the benefit to the University. If attending a conference, provide the name of the organization (no acronyms) and include the conference documentation that includes hotel and registration information. If presenting research, provide the name of the paper.

		Section I: F	unding Sour	ce(s)			
All Sta	ate Funded Travel	(11XXXX - 14XXXX Funds)	Must Utilize	A State In	ndividual	Bill Travel Card	
		Grant Funded Travel MUST	Complete S	ection II			
Funding source: Advance:							
		2nd FOP, if needed					
Fund:	Orgn:	Prog:	Fund:		Orgn: _	Prog:	
		Estimated (	Costs				
			Rate:	Days:		Total:	
Airf	aro.	Meals					

Airfare:		Meals:				
<b>Rental Car:</b>		Hotel:				
Taxi:						
Parking:			Rate:	Miles:	Total:	
Registration:	Use Pcard only	Mileage				
Rental Car Gas:		Other:				
-		** Sel	ect here for N	/lileage compa	rison page **	
	Total Estimated Cost	\$				

<u>List Grant Name Below:</u>

## Describe the benefit to the grant and TTU

Section III: International Travel Only

List All Destinations: (All Cities/Countries that will be Visited)

Destination Contacts: (Conference Planner, Travel Agent, University, Faculty, etc.)

Destination Affiliations: (Institute, Company, University, etc.)

**Business Equipment/Supplies:**