

WESTERN CONNECTICUT STATE UNIVERSITY
REQUEST FOR PROFESSIONAL TRAVEL WORKSHEET

TRAVEL AUTHORIZATION NEEDS TO BE COMPLETED AND RECEIVED IN THE ADMINISTRATIVE SERVICES OFFICE 2 WEEKS PRIOR TO THE TRIP

Name:		Home Phone:	Banner ID:
Title:		Work Phone:	E-Mail:
<input type="checkbox"/> AAUP	<input type="checkbox"/> MGMT	<input type="checkbox"/> SUOAF-AFSCME	<input type="checkbox"/> OTHER (specify)
Itinerary – Travel most always starts from home and returns to home			
Travel From:		Depart on (date)	at (time)
Travel To:		Return on (date)	at (time)
Purpose of Travel: (Attach Conference Information to Travel Authorization)			
Are you flying out of Bradley Airport? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Parking Permit required from travel office, please check appropriate box on travel authorization			
Is the University pre-paying the registration fee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, the vendor FEIN is mandatory:			
Is a travel advance being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, up to 80% of the un-paid balance can be requested. \$			
Lodging: Please make every effort to obtain lowest cost possible How many nights? _____ Cost per night? _____ Tax per night? _____ Total Cost \$ _____ (transfer lodging cost to lodging line on right)		Total Cost (Itemize) Airfare/Rail fare \$ _____ Registration Fee \$ _____ Rental Car* \$ _____ Taxi/Limo \$ _____ Parking/Tolls \$ _____ Other (specify) _____ \$ _____ Lodging \$ _____ Meals \$ _____ Mileage \$ _____ Total Cost \$ _____	
Meals: M&IE rates can be found at WWW.GSA.GOV How many days are you traveling? _____ @ per diem \$ _____ Are any meals included in the conference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list meals included: _____ _____ No meals for one day trips		*Rental Car requests must be justified in writing on a Policy Exception Form and submitted with your travel authorization.	
Mileage: Insurance declaration page required for reimbursement How many miles _____ X .50 cents per mile Total Mileage \$ _____ (transfer mileage cost to mileage line on right)		Form Revised 1/10	
Approved: (Dean/Supervisor)		Account Number: (Banner Org)	Amount Approved: \$

**COMPLETE RULES AND INSTRUCTIONS REGARDING TRAVEL CAN BE OBTAINED FROM
WWW.WCSU.CTSTATEU.EDU/TRAVEL
OR CALLING THE ADMINISTRATIVE SERVICES OFFICE AT 837-8505**