## WESTERN CONNECTICUT STATE UNIVERSITY REQUEST FOR PROFESSIONAL TRAVEL WORKSHEET

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

Name:	Home Phone:		Ba	anner ID:
Title:	Work Phone:			
☐ AAUP ☐ MGMT ☐ SUOAF	AFSCME	OTHER (specify)		
Itinerary – Travel most always starts from home and returns to home				
Travel From: Depa		on (date)		at (time)
Travel To: Return		on (date)		at (time)
Purpose of Travel: (Attach Conference Information to Travel Authorization)				
Is the University pre-paying the registration fee Yes No				
with a check?  If yes, the vendor FEIN is mandatory:				
Is a travel advance being requested? Yes No				
If yes, up to 80% of the un-paid balance can be requested. \$				
Lodging: Please make every effort to obtain lowest cost	possible Tot	al Cost (Itemiz	e)	
How many nights?	Airl	are/Rail fare	\$	
Cost per night?	Rec	istration Fee		
Tax per night? Total Cost \$				
(transfer lodging cost to lodging line o	on right)	tal Car <mark>*</mark>		
Moderner	——— Tax	i/Limo	\$	
Meals: M&IE rates can be found at WWW.GSA.GOV	Par	king/Tolls	\$	
How many days are you traveling?	Oth	er (specify)		
@ per diem \$ Are any meals included in the conference	٠)		\$	
Yes No		ging	\$	
If yes, please list meals included:	Mea		т —— Ф	
			Ψ	
No meals for one day trips	Mil	eage	\$	
Mileage: Insurance declaration page required for reimbursement		Total Cost \$		
		*Rental Car requests must be justified in writing on a		
How many miles X .655 cents pe		Policy Exception Form and submitted with your travel authorization.		
Total Mileage\$		er autimization	··	
(transfer mileage cost to mileage line o	on right)			Form Revised 2/23
Banner Org:		Amount Approved \$		