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:	Banner ID:
Title:	Work Phone:	
☐ AAUP ☐ MGMT ☐ SUOAF-AFSCME ☐ 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)

Is the University pre-paying the registration fee with a check? ☐ Yes ☐ No
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

How many nights? _____
Cost per night? _____
Tax per night? _____
Total Cost $_____
(transfer lodging cost to lodging line on right)

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?
☐ Yes ☐ No
If yes, please list meals included:
_____
_____
No meals for one day trips

Mileage: Insurance declaration page required for reimbursement

How many miles _____ X .76 cents per mile

Total Mileage$_____
(transfer mileage cost to mileage line on right)

Total Cost (Itemize)

Airfare/Rail fare $_____
Registration Fee $_____
Rental Car* $_____
Taxi/Limo $_____
Parking/Tolls $_____
Other (specify)
_____ $_____
Lodging $_____
Meals $_____
Mileage $_____

Total Cost $_____

*Rental Car requests must be justified in writing on a Policy Exception Form and submitted with your travel authorization.

Form Revised 5/26

Banner Org:		Amount Approved $

COMPLETE POLICIES AND INSTRUCTIONS REGARDING TRAVEL CAN BE OBTAINED FROM WWW.WCSU.EDU/TRAVEL OR CALLING THE TRAVEL OFFICE AT 837-8505