



Travel Worksheet

(TA - TP)

File Name: Travel Worksheet 30.doc

TWO PAGES

Rev:

Form Date: August 28, 2006

Request Airline Advance? <input type="checkbox"/> Yes <input type="checkbox"/> No				Request Travel Advance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
University Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No				Empl # --- SS #:				
Employee Name:								
Destination:			County:		Purpose:			
Departure Date:		Time:		Travel Authorization # (TA)				
Return Date:		Time:		Travel Voucher # (TP)				
DEPT:		UNIT:		ACCT TEMPL:				
						TE I/O ESTIMATE	TP ACTUAL CLAIM	
MILEAGE								
Must Include Memo to Justify Driving Own Vehicle Out-of-State								
In-State = 7610-10		*Out-of State = 7620-10		Foreign = 7640-10			\$	\$
<i>Number of miles (Round Trip) x 40.5 cents/mile</i>								
*								
PERDIEM								
See Bottom of Form for Rate Schedule.				Receipts Not Required				
In-State = 7610-20		*Out-of State = 7620-20		Foreign = 7640-20				
DEPART	Date:		Day:		Time:			
RETURN	Date:		Day:		Time:			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
B	B	B	B	B	B	B	\$	\$
L	L	L	L	L	L	L		
D	D	D	D	D	D	D		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
B	B	B	B	B	B	B		
L	L	L	L	L	L	L		
D	D	D	D	D	D	D		
PUBLIC TRANSPORTATION								
MUST Include Copy of Itinerary WITH THIS FORM.				Receipts Required With Claim				
In-State = 7610-30		*Out-of State = 7620-30		Foreign = 7640-30				
Airfare						\$	\$	
Taxi						\$	\$	
Bus						\$	\$	
Other						\$	\$	
P/Card				Vendor		\$	\$	

LODGING			\$	\$
<u>MUST</u> Submit a Zero Balance Receipt With Claim. (Itemized Receipt)				
Note: If Receipt Is Not Zero Balance, Must Include Charge Slip				
In-State = 7610-40	Out-of-State = 7620-40	Foreign = 7640-40		
P/Card		Vendor #		
_____ nights @ \$_____ per night = \$_____				
_____ nights @ \$_____ per night = \$_____				
RENTAL CAR				
Receipt and Rental Agreement Required With Claim				
In-State = 7610-50	Out-of-State = 7620-50	Foreign = 7640-50		
P/Card				
GAS & OIL				
Receipts Required With Claim				
In-State = 7610-60	Out-of-State = 7620-60	Foreign = 7640-60		
P/Card				
OTHER i.e., airport parking, telephone, fax, etc				
Receipts Required With Claim				
In-State = 7610-90	Out-of-State = 7620-90	Foreign = 7640-90		
\$				
\$				
\$				
P/Card				
Conference Registration Fees				
<u>MUST</u> Include Copy of Registration Form, Agenda, & Meeting Announcement <u>WITH THIS FORM.</u> Receipt Required With Claim. Originals due with Claim.				
7396-10	P/Card	PD		
TOTAL: ESTIMATE / ACTUAL CLAIM				

* Per Diem Rates (As of 7/1/00); Check w/Office for the Correct Rate to Use

<u>Time Frame</u>	<u>Meal</u>	<u>Per Diem Rate (depends on destination)</u>						
Leave Before 6 am	Breakfast	\$ 7.00	\$ 7.00	\$ 7.50	\$ 8.00	\$ 8.50	\$ 9.00	\$ 9.50
Leave Before 11 am, Return After 2 pm	Lunch	\$ 7.50	\$ 7.50	\$ 8.00	\$ 8.50	\$ 9.00	\$ 9.50	\$10.00
Return After 8 pm, Or Overnight Stay	<u>Dinner</u>	<u>\$15.00</u>	<u>\$15.50</u>	<u>\$16.50</u>	<u>\$17.50</u>	<u>\$18.50</u>	<u>\$19.50</u>	<u>\$20.50</u>
	TOTALS	\$29.50	\$30.00	\$32.00	\$34.00	\$36.00	\$38.00	\$40.00