



# 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:				
						<b>TE I/O ESTIMATE</b>	<b>TP ACTUAL CLAIM</b>	
<b>MILEAGE</b>								
<b>Must Include Memo to Justify Driving Own Vehicle Out-of-State</b>								
In-State = 7610-10		*Out-of State = 7620-10		Foreign = 7640-10			\$	\$
<i>Number of miles (Round Trip) x 40.5 cents/mile</i>								
*								
<b>PERDIEM</b>								
<b>See Bottom of Form for Rate Schedule.</b>				<b>Receipts Not Required</b>				
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		
<b>PUBLIC TRANSPORTATION</b>								
<b>MUST Include Copy of Itinerary WITH THIS FORM.</b>				<b>Receipts Required With Claim</b>				
In-State = 7610-30		*Out-of State = 7620-30		Foreign = 7640-30				
Airfare						\$	\$	
Taxi						\$	\$	
Bus						\$	\$	
Other						\$	\$	
P/Card				Vendor		\$	\$	

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

\* 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>
	<b>TOTALS</b>	<b>\$29.50</b>	<b>\$30.00</b>	<b>\$32.00</b>	<b>\$34.00</b>	<b>\$36.00</b>	<b>\$38.00</b>	<b>\$40.00</b>