



TRAVEL REQUEST FORM AND POLICY

All travel request forms should be submitted at least fifteen days in advance of travel date.

Name _____ Departing Date _____ Departing Hour _____

Returning Date: _____ Returning Hour _____

Request to travel to: _____

The purpose of the travel is: _____

ESTIMATED EXPENSES

Registration _____	Lodging _____	Meals / Per Diem _____
Airfare _____	Taxi / Shuttle _____	Vehicle Rental _____
Mileage \$ _____	Parking _____	Other _____
Other (Described) _____	TOTAL EXPECTED _____	

Account(s) to be Charged (required)

Account Number	Percentage	Not to Exceed \$

List all driver(s) _____

*Number of Passengers: _____ Name(s) of passengers: _____
(Attach list if necessary)

A travel advance may be requested by a traveler who is planning to take a specific trip or attend a meeting authorized by CGCC. An advance payment may be requested if estimated out-of-pocket expenses are over \$100.

Advance payment requested: _____ (Amount)

Submitted by: _____ Date: _____

I certify that I have a current driver's license and insurance as required by AR 050.001.00: _____ (Initial)

_____	_____
Budget Authority	VP Supervisor