



TRAVEL REQUEST & EXPENSE ESTIMATE

EMPLOYEE STUDENT OTHER

TRAVELER NAME EID/SID SUPERVISOR FUNDING SOURCE

EVENT NAME/TYPE DESTINATION DEPARTURE DATE RETURN DATE

EVENT WEBSITE EXPLAIN THE BUSINESS PURPOSE FOR THIS TRIP

HOW DOES THE UA BENEFIT FROM THIS EXPENSE

EXPENSE WORKSHEET

Personal Vehicle Miles (provide mapquest printout) x \$.445

Daily Hotel Rate Total Nights

Meal & incidentals. Daily rate will vary by city/state. Total Travel Days

Conference Registration Fees

Commercial Airline

Taxi Cabs and other forms of transportation

Parking fees

Other - Specify

Other - Specify

Vehicle Rental - Total Days (days will calculate based on entries below)

This expense requires a written justification explaining the business need and why other forms of transportation are not being used. All vehicle reservations will be processed by the business office or department approved personnel.

Pick-up Location Pick-up Date Time (hh:mm) AM
PM

Drop-off Location Drop-off Date Time (hh:mm) AM
PM

Driver's License Number State Total

Supervisor Notes