

# University of North Texas/System – Request to Travel

(Prior approval required for all out-of-state travel, all conference travel [whether in- or out-of-state], and all advances.)

<b>Trip Info</b>	<b>For _____ (Your name)</b>
Purpose of Trip / Title of Paper	
Trip destination / Conference	
Trip dates	_____Departure Date _____Return Date
Registration fee and method of payment *	\$ <input type="checkbox"/> P-Card <input type="checkbox"/> ePro Requisition <input type="checkbox"/> Personal Check/Credit Card/Cash
Other costs covered by registration fee (meals, etc.)	
Mode of transportation (check all that apply)	<input type="checkbox"/> Commercial Airline <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Rental Car <input type="checkbox"/> University-owned Vehicle _____
Estimated cost of transportation	\$
Estimated lodging costs	\$ _____ Cost of room per night \$ _____ Estimated total cost of lodging
Estimated meal cost not provided by conference/host/etc.	\$
Total estimated cost**	\$ _____ AMOUNT APPROVED BY ENGL EC: _____
Checks for advance airfare reimbursements are no longer given. PPS will purchase airfare in advance. Procedure: Traveler must PUT ON HOLD ONLY a reservation with a major carrier, then immediately provide Travel Office with a Record Locator number, a copy of the airline acknowledgment & a Travel Advance Agreement. Travel Office will then call & pay for the fare. It must be included on the voucher after the trip. Note: Diana will help with this, if faculty member submits the requirements between Monday and Thursday of a given week. See Diana for details.	EmplID _____ (required for advance) <input type="checkbox"/> Airfare <input type="checkbox"/> State Contract <input type="checkbox"/> Super Saver \$_____ Regular Fare \$_____ Super Saver Fare <input type="checkbox"/> Team Travel \$_____ Amount Requested <input type="checkbox"/> Other Advance \$_____ Amount Requested
Deptid(s)	_____ Requesting Supplemental Travel _____ Yes _____ No
	Dept. Name: _____ Phone: _____ _____ Signature Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Signature of Supervisor Date

Rev. 11/08/06 **If for a conference, a copy of the registration form, conference brochure, etc. must be attached. If for a conference, a copy of the registration form, conference brochure, etc. must be attached. Your department may limit the reimbursement amount.**