



TRAVEL REQUEST/PAYMENT REQUISITION

NAME: _____ DATE OF REQUEST: _____

CONFERENCE/MEETING TITLE: _____

DEPARTURE DATE: _____ RETURN DATE: _____ DESTINATION: _____
City/State

SACS # (s) : _____ EMPLOYEE SIGNATURE: _____

APPROVED BY: _____

CONFERENCE REGISTRATION (Send check to vendor OR to: _____).

Vendor or Payee: _____ Attn.: _____

Address: _____ City/State/Zip: _____

Payment Due to Payee No Later Than: _____ **COST OF REGISTRATION: \$** _____

TRANSPORTATION (Send check to vendor OR to: _____).

Private Car Total Miles @ Regular Rate: _____ \$ _____

Plane Other: _____ \$ _____

Vendor or Payee: _____ Attn: _____

Address: _____ City/State/Zip: _____

HOTEL RESERVATIONS (Send check to vendor OR to: _____).

Vendor or Payee: _____ Attn.: _____

Address: _____ City/State/Zip: _____

Number of Nights: _____ Date(s): _____ Conf. No.: _____

Cost Per Night: _____ Subtotal: _____ Tax: _____ (_____ %) **TOTAL HOTEL COST: \$** _____

OTHER ANTICIPATED EXPENSES

Meals: No. of Breakfasts: _____ No. of Lunches: _____ No. of Dinners: _____ **TOTAL MEAL COST: \$** _____

Bridge Tolls, Parking, etc. _____ **TOTAL COST: \$** _____

TOTAL TRAVEL COST ***** **GRAND TOTAL: \$** _____

TRAVEL EXPENSE ADVANCE (Optional)

80% of anticipated expenses (minus prepaid expenses) **TOTAL ADVANCE: \$** _____

PREPAID EXPENSES - To be Filled in by Accounting Services:

Conference Registration	Check No. _____	Date: _____	\$ _____
Airline Ticket	Check No. _____	Date: _____	\$ _____
Hotel Reservation	Check No. _____	Date: _____	\$ _____
Travel Expense Advance	Check No. _____	Date: _____	\$ _____
Other _____	Check No. _____	Date: _____	\$ _____