

TRAVEL REQUEST

TR#

This number must appear on your travel voucher

Date: _____

Name: _____

Department: _____

Title: _____

Purpose of Travel: _____

GENERAL ITINERARY

Departure From	Date	Arrival At	Date	Means of Conveyance*

<p style="text-align: center;">METHOD OF REIMBURSEMENT (select one)</p> <p><input type="checkbox"/> Per Diem/ Mileage <input type="checkbox"/> Actual Receipt Reimbursement</p>	<p style="text-align: center;">LIMITATION OPTIONS</p> <p style="text-align: center;">Total cost not to exceed \$ _____</p> <p>↑ Transportation/ Mileage only ↑ No reimbursement requested</p>
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<p>Account Title and Number to be Charged</p> <p>_____</p> <p>Signed: _____ (applicant)</p>	<p>*If traveling By Private Automobile You Must Agree To The Following: “Persons who use private automobiles on Western New Mexico University business must sign below certifying that there is an insurance policy in force which provides at least the following minimum coverage for the automobile used:</p> <ol style="list-style-type: none"> 1) \$15,000 for personal injury to, or death of one person 2) \$30,000 for injury to, or death of 2 or more persons in one accident 3) \$10,000 for property damage.” <p>Signed: _____</p>
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Please indicate any estimated expenses and respective amounts to be paid with a Pro Card Purchase Order by checking the appropriate boxes and providing amounts.

Pro Card	Purchase Order
↑ Hotel \$ _____	↑ Hotel \$ _____
↑ Rental Auto \$ _____	↑ Rental Auto \$ _____
↑ Airfare \$ _____	↑ Airfare \$ _____
↑ Registration \$ _____	↑ Registration \$ _____
↑ Other _____ \$ _____	↑ Other _____ \$ _____

DO NOT WRITE IN THIS SECTION/ BUS. OFFICE USE ONLY

Date received by the business office: _____

↑ **Problem** – returned to _____
 due to the following:

- ↑ Incomplete form (see highlighted areas)
- ↑ Insufficient Funds
- ↑ Lacks Vehicle Request Form
- ↑ Violation of Policy
- ↑ Other _____

Returned Travel ** box at the bottom left corner must be signed before resubmitting form.

↑ **Complete for processing**

<u>Account #</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

total paid by other sources _____

estimated cost of trip _____

Approved: _____ **Date:** _____
(Account manager)

Approved: _____ **Date:** _____
(Vice President or President)

Returned Travel**
(Complete only if travel request form was returned)

After correcting, please have the appropriate Vice President or President signature before resubmitting this form to the Business Office for approval.

Approved: _____ **Date:** _____
(Vice President or President)

Date Received
By the Business
Office: