



Revised

TRAVEL REQUISITION

Req. # _____ Acct. # _____ \$ _____ *

Dept. _____ Acct. # _____ \$ _____ *

Submit four (4) weeks prior to trip to allow for internal approvals, procedural compliance, and cost-effective trip planning. **Email** completed signed form to travel@newpaltz.edu and make a copy for your records. All requests for travel must be submitted on this form. Review travel policy at www.newpaltz.edu/travel. Attach additional documentation if clarification of trip is necessary. **All gray areas must be completed prior to submitting this form and include purpose of the trip. Paper documents are no longer accepted.**

Name _____ Title _____
Last First MI

Residence address: (remit to) _____
Street City State Zip

Departing address: (for actual trip) _____
Street City State Zip

Destination address: (the last business destination) _____
Street City State Zip

Departure _____ AM PM Return _____ AM PM
Date Time Date Time

Purpose for trip _____ (Please attach the agenda/itinerary)

ANTICIPATED EXPENDITURES

REGISTRATION

Alternate attendee name (required if pre-paying) _____ (550030) \$ _____ **PREPAID BY STATE CREDIT CARD**

TRANSPORTATION

Airfare (542150) \$ _____

Train (542250) \$ _____

Bus (540020) \$ _____

Rental car: Confirmation # _____ Location _____ (541500) \$ _____

Personal car mileage: _____ miles (**enter whole #**) @ \$ _____ /mileage rate (543000) \$ _____

Car pooled Travelers Name and REQ#

LODGING (Over Per Diem) Hotel confirmation #: _____

Receipted (per diem) _____ days x \$ _____ /day _____ (542040) \$ _____

Un-receipted _____ days x \$ _____ /day _____ (542000) \$ _____

MEALS

Per Diem (overnight) _____ days x \$ _____ /day _____ (542010) \$ _____

\$5/\$12 (*day trip*) _____ breakfast(s) @ \$ _____ (542030) \$ _____

_____ dinner(s) @ \$ _____ (542030) \$ _____

INCIDENTAL EXPENSES

Parking \$ _____ Taxi \$ _____ Tolls/Bridges \$ _____ Subway \$ _____

Internet \$ _____ Gas \$ _____ Other (explain) \$ _____ (540020) \$ _____

TOTAL COST OF TRIP

***NOT TO EXCEED AMOUNT OF EXPENDITURE** (Per department's discretion) \$ _____

PREPAYMENTS REQUESTED (All requests required 30 days prior to travel):

- Cash Advance (Requires *Travel Advance form*) (Min \$100–Max \$400)
- Airfare Reimbursement (Requires *Prepaid Airfare form and paid receipt*)
- Registration (Requires registration form, employee must pre-register.)
- Lodging (Include confirmation number) (non-employees)

Persons who travel before obtaining all approvals do so at their own risk and may not be reimbursed for their travel costs.

APPROVALS

Traveler _____ Date _____ Traveler's Email _____ Date _____

Authorized Account Signature (if different from supervisor) _____ Date _____ Traveler's Supervisor _____ Date _____

Authorized Account Signature (if additional accounts) _____ Date _____ Authorized Out-of-State Signature _____ Date _____