

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

Submit four (4) weeks prior to trip to allow for internal approvals, procedural compliance, and cost-effective trip planning. Send completed signed copy to travel@newpaltz.edu. All requests for travel must be submitted on this form. Review travel policy at www.newpaltz.edu/travel. Attach additional documentation or itinerary if clarification of trip is necessary. **All gray areas must be completed prior to submitting this form and include purpose of the trip.**

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 _____

ANTICIPATED EXPENDITURES

			TOTALS	PREPAID BY STATE CREDIT CARD
REGISTRATION				
Alternate Attendee Name (required if pre-paying)	_____	(550030)	\$ _____	<input type="checkbox"/>
TRANSPORTATION				
Rental Car: Confirmation # _____ Location _____		(541500)	\$ _____	<input type="checkbox"/>
Airfare		(542150)	\$ _____	<input type="checkbox"/>
Train		(542250)	\$ _____	<input type="checkbox"/>
Car Pooled <input type="checkbox"/> Bus.....		(540020)	\$ _____	<input type="checkbox"/>
Personal Car mileage: _____ miles @ \$ _____ /mileage rate		(543000)	\$ _____	
LODGING (Over Per Diem <input type="checkbox"/>)				
<i>Receipted (per diem)</i> _____ days x \$ _____ /day.....		(542040)	\$ _____	<input type="checkbox"/>
<i>Un-receipted</i> _____ days x \$ _____ /day.....		(542000)	\$ _____	
MEALS				
<i>Per Diem (overnight)</i> _____ days x \$ _____ /day.....		(542010)	\$ _____	<input type="checkbox"/>
\$5/\$12 (<i>day trip</i>) _____ breakfast(s) @ \$ _____		(542030)	\$ _____	
_____ dinner(s) @ \$ _____		(542030)	\$ _____	
INCIDENTAL EXPENSES				
Parking \$ _____ Taxi \$ _____ Tolls/Bridges \$ _____ Subway \$ _____				
Internet \$ _____ Gas \$ _____ Other (explain) \$ _____		(540020)	\$ _____	<input type="checkbox"/>
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 *advance form*) (Min \$100 – Max \$400) Airfare Reimbursement (Requires *pre-paid 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 will not be reimbursed for their travel costs.

APPROVALS

Traveler _____ Date _____ Traveler's Supervisor _____ Date _____

Authorized Account Signature (if different from supervisor) _____ Date _____ Authorized Out-of-State Signature _____ Date _____

Authorized Account Signature (if additional accounts) _____ Date _____ Vice President/Provost Approval _____ Date _____