

SOM TRAVEL REQUEST FORM

Travelers Name: _____ Date: _____

Purpose of Travel: _____

Funding Source(s): _____

Departure City: _____ Arrival City: _____

Departure Date: _____ Return Date: _____

Preferred Departure Time: _____ Preferred Return Time: _____

Meeting Dates: _____ *****attach agenda and conference/workshop info*****

Personal Dates: _____

(A comparison itinerary will be done to verify cost differences when personal leave dates are included.)

Travel
Justification:

Additional
Comments:

**PLEASE SCROLL TO THE NEXT PAGE TO
FILL OUT ESTIMATED TRAVEL
EXPENSES!**

Airfare or Mileage Estimate:

Airplane: _____ (attach an available flight schedule for your requested flights)

Personal Vehicle: _____ (request a mileage log form before departure)

Other: _____ Please Explain: _____

Lodging Estimate:

Number of Nights _____ x Daily Rate _____ = _____ x Room Tax Rate = _____

(If the lodging rate (before taxes) is greater than 1.5 times the standard lodging per diem rate, you MUST have approval from the UAF Travel Administrator prior to making reservations.)

Transportation Estimate:

Taxi or Shuttle: _____

Rental Car: _____ (reimbursement of a rental car MUST be PRE-APPROVED by the SOM Dean and will only be approved when no other reasonable mode of transportation is available.)

Per Diem Estimate: www.gsa.gov/perdiem

Number of Days: _____ x Daily Rate: _____ = _____

Other Estimated Expenses:

Registration Fees: _____

Parking: _____

Other: _____ Please Explain: _____

Total Estimated Expenses: _____

Total Amount Authorized: _____

SOM Travel Coordinator Signature Date

Approver's Signature Date