

Date Prepared: \_\_\_\_\_

**Instructions:**

Complete Part I and print. Obtain approvals in Part II. Keep a copy for your records and attach a copy to the appropriate travel expense voucher, if one is being submitted.

**PART I- Completed by traveler.**

1. Traveler's Name: \_\_\_\_\_ 2. Work Phone: \_\_\_\_\_ 3. Employee ID number: \_\_\_\_\_

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4. Campus Address: \_\_\_\_\_ 5. Date & Time of Departure: \_\_\_\_\_ 6. Date & Time of Return: \_\_\_\_\_

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7. Purpose of Travel: \_\_\_\_\_

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8. Destination \_\_\_\_\_

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9. Personal Car  Enterprise Rent-A-Car  Airline  (check those that apply)

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10. Department Name and Cost Center: \_\_\_\_\_

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11. Estimated Costs:

|                                       |          |
|---------------------------------------|----------|
| Airfare                               | \$ _____ |
| Enterprise Rent-A-Car                 | _____    |
| Personal Car                          | _____    |
| Lodging                               | _____    |
| Meals                                 | _____    |
| Conference Fees                       | _____    |
| Misc. (taxi, turnpike, shuttle, etc.) | _____    |
| Total                                 | _____    |

12. I certify that this travel is for official university business. \_\_\_\_\_  
*Traveler's Signature* *Date*

I further certify that if my personal automobile is used for university business during the period of travel claimed, insurance coverage was in affect to comply with the Pennsylvania Motor Vehicle Financial Responsibility Law (Act 1984-11).

**PART II- Approvals**

Department Chair/Division Director \_\_\_\_\_

Dean/Vice President \_\_\_\_\_