

Marian University
Request for Travel Approval Form for Over \$500

Person(s) Traveling _____

Dates of Travel _____

Destination _____

Purpose _____

Department Budget Number to be charged
 (00-0000-00000-0-00) _____

Annual Budget Line Total _____

Remaining Budgeted Line Total before Travel _____

Details of Expenditures

	Enter Miles		Enter Amounts
Transportation - Private Auto	Miles estimated	_____	Amount Estimated (,.50 multiplied by miles) _____
Airfare			Amount Estimated _____
Lodging			Amount Estimated _____
Meals & Tips			Amount Estimated _____
Hospitality/Entertainment			Amount Estimated _____
Other (please detail)			Amount Estimated _____
Car Rental			Amount Estimated _____
Parking/Tolls			Amount Estimated _____
Telephone			Amount Estimated _____
Taxi/Limo			Amount Estimated _____
Total Travel Estimated Cost			0.00

Requestor Signature and Date _____

Budget Supervisor Approval Signature and Date _____

VP of Area Approval Signature and Date _____

Controller _____

President Approval Signature and Date _____

Rejected Reason or Comments _____