

**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 _____
<b>Total Travel Estimated Cost</b>			<b>0.00</b>

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 \_\_\_\_\_