



Request # _____
for this trip.

PRIOR APPROVAL TO TRAVEL

Approved _____
Denied _____

NAME OF TRAVELER: _____ SS#: _____

Destination/Itinerary:(City, State, Country) _____

Name of Event: _____

Depart: _____ (Date and Time) Return: _____ (Date and Time) Via: _____ (Travel Method)

Does this request involve an overnight stay? _____ yes _____ no
Any other employee(s) or student(s) of the University attending this meeting/conference? _____ yes _____ no
The number of employees _____ and number of students _____

Attach a list of names of employees and students traveling.

TRAVELER IS REQUIRED TO CALL PARKING SERVICES FOR STATE VEHICLE AVAILABILITY

_____ I will use State Vehicle (Department will be charged)
_____ State Vehicle Not Available - Use Personal Mileage Rate (.485)
_____ State Vehicle Available or Not Requested - Use Fleet Rate (.246)

ESTIMATED EXPENSES:

Convention Fees (Is CNU to pay directly? _____ Yes _____ No) _____ MC \$ _____
(If yes, attach completed, original form, **allow 10 days to process**)
Fares (MasterCard, Reimbursement) \$ _____
Personal Car Mileage _____ @ _____ per mile \$ _____ 0.00
(Miles) (Rates)
* Lodging (Conference Site _____ Yes _____ No) If Yes, Financial Justification Required \$ _____
* Meal & Incidental Per Diem (overnight travel only) \$ _____
Day of departure and return 75% of per diem
Less meals included in convention fees or provided at no cost \$ _____
Other costs (itemized) _____ \$ _____
\$ _____

Total Estimated Expenses/Travel Shall not exceed: \$ _____ 0.00

SOURCE OF FUNDS	ACCOUNT NUMBER	FUND	AMOUNT
STATE FUNDS	_____	_____	\$ _____
STATE FUNDS	_____	_____	\$ _____
GRANT/CONTRACT	_____	_____	\$ _____
LOCAL FUNDS	_____	_____	\$ _____
TRAVELER			\$ _____
TOTAL			\$ _____ 0.00

***See CNU Business Office/Accounts Payable Website for State Limits**

APPROVED: State Limit Lodging _____ plus tax
State Limit Meals _____ (includes taxes and tips)

