

# EASTERN ILLINOIS UNIVERSITY Travel Application

\_\_\_ Employee \_\_\_ GA/Student Employee \_\_\_ GA/Student academic purpose

Department Contact and Phone \_\_\_\_\_

**All travel must be approved by President on this form before travel occurs**

Name of Traveler \_\_\_\_\_

Banner E-Number \_\_\_\_\_

Purpose if conference indicate: Presenter \_\_\_ Officer \_\_\_ Attendee \_\_\_

Destination

Date of Travel

**ALL Estimated Costs incurred by the University  
Including those paid by PCARD or RFP**

*\*According to State guidelines, all travel must be by the most economical means.*

**Transportation** (Foreign Air Travel funded with federal dollars MUST be made on US air carriers unless special conditions for a waiver are met. See details of the Fly America Act at <http://www.tvlon.com/resources/FlyAct.html>)

Flight/car rental/train etc \_\_\_\_\_

Private Vehicle\*(mileage) \_\_\_\_\_

Academic student travel use gas receipts \_\_\_\_\_

Fleet Charges \_\_\_\_\_

**Lodging (see state allowed rate)** \_\_\_\_\_

\_\_\_\_\_(days) x \_\_\_\_\_(rate)

**Meals** \_\_\_\_\_

\_\_\_\_\_(days) x \_\_\_\_\_(per diem)

Academic student travel use receipts \_\_\_\_\_

**Registration : Pcard or RFP** \_\_\_\_\_

**Miscellaneous (provide details)** \_\_\_\_\_

**Total Estimated Cost** \_\_\_\_\_

*\*If driving personal vehicle... "I certify that I am duly licensed and have in force at least the minimum liability insurance coverage required by the Illinois Vehicle Code."*

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

Org/Index Name \_\_\_\_\_

Org/Index Number \_\_\_\_\_

Amount Paid Pcard/RFP/Fleet \_\_\_\_\_

Amount Authorized \_\_\_\_\_

For Reimbursement

*\*You must include maximum reimbursement amount at this time. If zero authorized zero will be paid.*

Total University Contribution \_\_\_\_\_

This certifies that the travel requested is required by the official duties of the traveler named to my personal knowledge, or as indicated by records submitted to me.

\_\_\_\_\_  
Financial Manager Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Approval (if not Financial Mgr)

\_\_\_\_\_  
Date

\_\_\_\_\_  
*VP Approval*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*President Approval*

\_\_\_\_\_  
*Date*

*Use only when multiple organizations share expense:*

Org/Index Name \_\_\_\_\_

Org/Index Number \_\_\_\_\_

Amount Authorized \_\_\_\_\_

\_\_\_\_\_  
Financial Manager Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Approval (if not Financial Mgr)

\_\_\_\_\_  
Date

**Out of Country Approval**

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date