

EASTERN ILLINOIS UNIVERSITY
Application for Travel

Department Contact and Phone _____

Please include all estimated charges including P-Card/Direct Billed

Name of Traveler _____

Banner E-Number _____

Purpose

Destination

Date of Travel

Estimated Costs

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>)

Commercial _____

Private Vehicle* _____

Lodging

_____(days) x _____(rate) _____

Meals

_____(days) x _____(per diem) _____

Miscellaneous _____

Registration (not to exceed \$50) _____

Fleet Charges _____

Total Est. Cost of Travel

*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 Authorized _____

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.

Account Manager Approval

Date

Supervisor Approval (if not Account Mgr)

Date

Use only when multiple organizations share expense:

Org/Index Name _____

Org/Index Number _____

Amount Authorized _____

Account Manager Approval

Date

Supervisor Approval (if not Account Mgr)

Date

Out of Country Approval

Vice President

Date

President

Date