

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