



Would you like a travel advance?
YES ___ NO ___

Off Campus Travel Request

Date _____

Name _____

SENMC ID# _____

Travel Destination _____

Index# _____



Email _____

Purpose of Trip _____

INITIALS OF INDEX APPROVER

Departure Date _____

Time _____

Return Date _____

Time _____

ESTIMATED COST OF TRIP

Meals: 1st Day 75% _____ Total _____

Day 2 (and so forth) 100% Per diem rate _____ X # of days _____ Total _____

Last Day 75% _____ Total _____

Lodging: Per diem _____ Conf. rate _____ X # of days _____ Total _____

Auto: _____ Official _____ Miles @ _____ per mile Total _____

_____ Private _____ Miles @ _____ per mile Total _____

_____ Rental _____ Total _____

Rental Rate (private vehicle) _____ Miles/22 X \$ per gal. + \$65 per day Total _____

Registration Fee _____ Membership Fee _____ Total _____

Airfare _____ Total _____

Luggage Fees _____ Transportation Fees _____ Total _____

Other: _____ Other: _____ Total _____

ESTIMATED COST OF TRIP Total

TRAVELERS SIGNATURE _____

SUPERVISORS SIGNATURE _____

VP/PRESIDENT SIGNATURE _____

Notes: _____

APPROVAL
YES ___ NO ___
YES ___ NO ___