

ROWAN UNIVERSITY REQUEST FOR TRAVEL

Date of Request _____ Encumbrance No. _____

Employee Name _____ Phone # _____ E-mail _____

Department _____ Location (Bldg.) _____

Index # _____ Fund # _____ Org # _____ Acct # _____ Program # _____ Activity # _____

Employee Title _____ Employee ID# _____

Secretary _____ Phone # _____ E-mail _____

Reason for travel and other employees on the same mission:

SUPPORTING DOCUMENTATION REQUIRED. Please include one or more of the following:
Conference brochure, registration form or information printed from a Web site.

TRAVEL DESCRIPTION:

ESTIMATED COSTS

Air _____ Rail _____ Departure Date _____ Return Date _____

City _____ State or Country _____

Hotel Name _____ No. of Days _____

Dates Needed _____ Single _____ Twin _____

Car Rental –(Include letter of justification) Dates needed _____

Meals @ \$ 36.00 per diem* _____

Conference Registration _____

Ground Transportation _____

Mileage @ .31 per mile _____

Other Costs (Explain Fully) _____

Total Estimated Cost _____

Total Amount for Reimbursement _____

DIVISION APPROVALS

Department* _____ Date _____ Amount _____

Division* _____ Date _____ Amount _____

BUSINESS OFFICE APPROVALS

Budget/Grants _____ Funds Available _____ Date _____

Accounts Payable _____ Request Approved _____ Date _____

***Please Note: Meals provided as part of the registration fee are deducted from the per diem payment**