



TRAVEL REQUEST FORM

Please complete the form in its entirety before submission. A signed copy will be returned to you after the request is approved by your supervisor. Charges should not be made until after Travel Request has been approved.

Name: _____ Date of Request: _____

Department _____ INDEX CODE _____

Sponsoring Organization: _____

Name of Program: _____

(Attach a copy of the program brochure and/or schedule for review)

Location of Program _____ Date(s) of Program: _____

Reason for Travel: _____ Professional Development _____ Podium Presentation
_____ Poster Presentation _____ Site Visit
_____ Recruitment _____ Other: _____

Other Faculty/Staff attending: _____

Indicate if you are sharing a room and with whom: _____

ESTIMATED COST: ****Dept. to order via travel agency portal and pay with P-card; however local rental vehicles may still be made through Samford's Purchasing website*

Tuition/Registration: pay with P-card (or University check if req'd) \$ _____

****Transportation:* indicate type chosen _____

Compare: *Air* \$ _____ *Auto rental* \$ _____ Mileage \$ _____

Choose or only claim reimbursement for most cost effective transportation

****Lodging* _____

Food (up to \$59 averaged per trip domestically) _____

Other costs: such as parking, shuttle, taxi, fuel for rental vehicle _____

Total estimated cost _____

Subtract funds received from Provost's office _____

Net estimated funds requested from Department: \$ _____

Number of other workshops and professional meetings attended this fiscal year: _____

Printed Name of Faculty/Staff: _____ Date: _____

Signature Name of Faculty/Staff: _____ Date: _____

Printed Name of Approver: _____ Date: _____

Signature Name of Approver: _____ Date: _____

Signature of Any Additional Approvers: _____ Date: _____

Date Received: _____ Date Returned: _____ \$ _____
Amount Approved