



OUT OF STATE TRAVEL REQUEST

Travel office use only

Enc # _____
 Amount _____
 Date/Initials _____

Traveler's Info	Traveler's Name _____ Banner # _____
	Campus Box # _____ Ext _____ Email Address _____
	Department and Title _____
	Departure Date: _____ Return Date: _____ Event Date _____ to _____
	Purpose of Trip _____

Mode of Travel	_____ Airline – Would like the University to purchase. Attach a written quote from an approved state agency.
	_____ Airline – Will purchase own ticket. A written quote from an approved state agency required.
	_____ State Vehicle or Enterprise Rental
	_____ Private Vehicle – MUST OBTAIN an airline quote from an approved state agency before traveling. Please note: The maximum amount you may be reimbursed for mileage is the amount that the airfare would have cost, had you flown.
	Tag # _____ (Tag # is required for reimbursement for miles used in a private vehicle)

	<u>Out of Pocket Expenses</u>	<u>Direct Paid By University (Via PO/Procard)</u>
Estimated Expenses	Transportation \$ _____ Notes: _____	\$ _____ <input type="checkbox"/> Airfare -or- <input type="checkbox"/> Rental Vehicle PO/Req # _____
	Lodging Note: Go to policyworks.gov/perdiem for the maximum amount reimbursable. Designated hotels are paid in full if documentation of designated lodging is provided. \$ _____ Notes: _____	\$ _____ <input type="checkbox"/> Req/PO # _____ -or- <input type="checkbox"/> Cardholder name/last 4 cc# _____
	Registration See registration pre-payment policy \$ _____ Notes: _____	\$ _____ <input type="checkbox"/> Req/PO # _____ -or- <input type="checkbox"/> Cardholder name/last 4 cc# _____
	Meals Note: Go to policyworks.gov/perdiem for meal rate per city. \$ _____ Per diem rate: \$ _____	
	Local Transportation Taxis, shuttles, rental car (must be justified). Receipts with noted destination will be required. \$ _____ Notes: _____	
	Mileage to/from OKC Airport (50 miles max) \$ _____	
	Miscellaneous Parking, business phone calls, tolls, fuel for rental \$ _____	
	Total \$ _____ Total will be maximum amount reimbursed	\$ _____ Total amount direct-paid by University

Funding Sources	Org number/s to be charged: _____ U amount: _____ Financial Manager's Signature _____ ate: _____
	_____ \$ _____
	_____ \$ _____
	_____ \$ _____
	_____ \$ _____

Approvals	Signature of Traveler _____)
	Dean/# _____)
	President/Vice Presiden _____)