



Group Travel Worksheet

To be completed and turned in with Travel Card/Cash Advance Request Form

Travel Information:

For International Travel, please review the [UCO Risk Management Requirements for Travel](#) and Confirm:

Group Name _____ Cardholder/Payee Name _____
Banner ID _____ Department and Title _____
Campus Box# _____ Ext _____ Email Address _____
Destination _____ Purpose of Trip _____
Departure Date _____ Return Date _____ Event Date(s) _____ - _____

<u>Estimated Expenses:</u>	<u>Travel Card</u>	<u>Travel Office</u>	<u>PCard</u>
Transportation	\$ _____	\$ _____	\$ _____ Last Name/Last 4 of card number OR PO/Req#: _____
Registration	\$ _____		\$ _____ Last Name/Last 4 of card number: OR PO/Req#: _____
Lodging <small>Note: Go to policyworks.gov/perdiem to find CONUS rates. Designated hotels are reimbursable if documentation of designation is provided.</small>	\$ _____ CONUS Rate: \$ _____		
Meals	\$ _____ Per Diem Rate: \$ _____		
Local Transportation	\$ _____		
Mileage	\$ _____		
Miscellaneous	\$ _____		
Total:	\$ _____ Total amount to be charged to Travel Card	\$ _____ Total amount direct-paid by Travel Office	\$ _____ Total amount direct-paid by Cardholder Department
Additional Travelers (Name, Birthdate, Banner ID and License Plate Number- if applicable) Note: List additional faculty/staff first			