

TRAVEL REQUEST
Millersville University

See Policy Statement 340.01 for Travel and Subsistence Regulations

Doc # _____

Traveler's Name _____
Last Name First Name

Employee SAP# _____

Department Name _____

Charge to: Cost Center/WBS _____

GL Acct./Commitment item: _____

Campus Telephone Ext. _____

Date of Departure _____

Date of Return _____

Destination _____

Justification for Travel _____

Provisions for classes during absence: _____

Traveler's Signature: _____
Date: _____

Prepay Registration Fee Amount: \$ _____
(Attach completed registration materials)

Payee Name/ Address _____

Prepay Transportation Amount: \$ _____
(Attach receipts and ticket/itinerary)

Invoice # _____ Date _____

Payee Name/ Address _____

Estimated Cost

Air Rail Bus \$ _____
(check one)

Enterprise Vehicle will be used Yes No \$ _____

Personal Car _____ miles @ _____ \$ _____

Lodging \$ _____

Subsistence \$ _____

Registration Fees \$ _____

Tolls/Parking \$ _____

Shuttle \$ _____

Other \$ _____

Total Estimated Costs \$ _____

Payment Limited To \$ _____

Remarks:

Approvals: Responsible Person _____
(Financial Manager)

Vice President/Dean _____

For Purchasing Use Only

Encumbrance(s): _____ Date _____

Cost Center/WBS GL Acct/Comm.Item Amount

Table with 3 columns: Cost Center/WBS, GL Acct/Comm.Item, Amount. Multiple rows for data entry.