



# TRAVEL REQUEST

OFFICE OF ACCOUNTING AND BUDGETARY CONTROL  
207 HOWELL-MCDOWELL ADMINISTRATION BUILDING

Applicant's Full Name: \_\_\_\_\_  
MSU ID No \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Campus Phone No. \_\_\_\_\_  
Destination \_\_\_\_\_  
Purpose Of Travel: \_\_\_\_\_

Journal Entry No. \_\_\_\_\_  
Operator's Initials \_\_\_\_\_  
Date \_\_\_\_\_  
Date Leaving Campus \_\_\_\_\_  a.m  p.m  
Date Returning \_\_\_\_\_  a.m  p.m  
Blanket Request \_\_\_\_\_ Month \_\_\_\_\_

### Estimated Cost Of Trip:

Meals(1 day trip, hours 5-9 include supper) \_\_\_\_\_  
Meals (Overnight) \_\_\_\_\_ day(s) at \_\_\_\_\_ per day \_\_\_\_\_  
Lodging (including taxes) \_\_\_\_\_ day(s) at \_\_\_\_\_ per day \_\_\_\_\_  
Private Vehicle \_\_\_\_\_ miles at \_\_\_\_\_ per mile \_\_\_\_\_  
University vehicle \_\_\_\_\_ miles at \_\_\_\_\_ per mile. \_\_\_\_\_

**Airline Ticket:** check arrangement applicable

Order own ticket- explain in comments \_\_\_\_\_  
 Ordering from \_\_\_\_\_ agency \_\_\_\_\_

**Registration:** Payee \_\_\_\_\_  
If over \$50, Attach check request for payment in advance

### Group Travel (Students Involved)

Meals: \_\_\_\_\_ Lodging: \_\_\_\_\_ Other: \_\_\_\_\_  
Other: airport tips, parking, taxis, tolls, telephones, etc. \_\_\_\_\_

**Total cost of trip** \_\_\_\_\_

Amount paid by outside agency (specify below) \_\_\_\_\_  
Amount to be paid by traveler \_\_\_\_\_  
University's cost (omit if both items above are zero) \_\_\_\_\_

### Other University personnel on trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### University Vehicle Rental Information

Driver: \_\_\_\_\_  
Type:  Sedan  Wagon  Van  
 School Bus  Greyhound

Load Site (buses only) \_\_\_\_\_

### Maintenance Use Only

Vehicle  Scheduled  Unavailable  
Mileage/Hours \_\_\_\_\_  
Rate \_\_\_\_\_  
Total Charge \_\_\_\_\_  
Approved \_\_\_\_\_ Invoice \_\_\_\_\_  
Acct. credited \_\_\_\_\_

### \* Accounts: first accounts should be used for university vehicle charges

Account No: \_\_\_\_\_- \_\_\_\_\_- \_\_\_\_\_ Amt. \_\_\_\_\_  
Account No: \_\_\_\_\_- \_\_\_\_\_- \_\_\_\_\_ Amt. \_\_\_\_\_  
Account No: \_\_\_\_\_- \_\_\_\_\_- \_\_\_\_\_ Amt. \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
President \_\_\_\_\_ Date \_\_\_\_\_

### Accounting and Budgetary Control

Fund Availability  Yes  No  
Vouchers/Amounts Assigned  

	Number	Amount
VPO	_____	_____
PPO	_____	_____
APO	_____	_____
RPO	_____	_____

### \* Complete this section if an outside agency is reimbursing any expense.

Check here if the University is to bill this agency   
Organization: \_\_\_\_\_  
Person Responsible \_\_\_\_\_  
Address \_\_\_\_\_

Copies: (Vehicle) - 3  
Applicant with Voucher 1  
Department -1  
Comments: \_\_\_\_\_