

UNIVERSITY OF WYOMING

TRAVEL REQUEST

Must be completed prior to the commencement of all work related travel independent of reimbursement status.

Name: _____ Date: _____

Destination: _____

Travel Dates & Times: _____

Purpose of Travel: _____

Funding Source(s) (if travel is to be paid): _____

Mode(s) of Transportation

___ UW Fleet Vehicle (Reservation # _____/must save itemized gas receipts for reimbursement)

___ Personal Vehicle (must provide license plate number and odometer readings for indirect routing & terminal mileage)

___ Commercial Airplane ___ Rental Vehicle ___ Other: _____

Reimbursement Method

___ Actual lodging only (must save all itemized lodging receipts)

___ Actual lodging plus M&IE (must save all itemized lodging receipts)

___ Actual lodging plus actual meals (must save all itemized lodging and meal receipts)

___ Actual lodging plus combo of M&IE and actual meals (must save all itemized lodging and meal receipts)

___ M&IE or actual meals only (must save all itemized meal receipts for actual meals)

Estimated Travel Expenditures

Registration _____

Airfare _____

Other Transportation _____

Lodging _____

M&IE _____

Actual Meals _____

Parking/Other _____

PCARD Expense (card name, date & amount)

TOTAL ESTIMATE \$ _____

PCARD TOTAL \$ _____

CASH ADVANCE \$ _____

ALL travel must be approved by appropriate designee prior to departure. This form will be kept on file in the department. If you are a student, please have applicable advisor sign this form before forwarding to appropriate designee for signature.

Approved by _____

Date _____

Approved by _____

Date _____