

Revised 6/12/18 (AVB)

NAME:		EID:	D	ATE:	
VACATION: TOTAL HOURS					
DATES		MISCELLANEOUS LEAVE			
		RELATION			
SICK LEAVE: TOTAL HOURS Personal - or - Family		HRS BEREAVEMENT			
		HRS JURY DUTY		HRS FURLOUGH	
DATES					
OFFICIA	AL UNIVERSITY BUSINESS TRAVEL	Employee	mployee Non-employee		
	☐ In State Travel	Out of State Travel	☐ Foreign Trav	rel	
<u>Itinerary</u>	 include date and time of arrival and departure 	Estimated Expenses			
D		Private Vehicle Mileage	☐ Yes ☐ No	•	
Departure	Date Time	_ University Vehicle	Yes No	\$	
Return		Lodging: Designated	Yes No	\$	
Return	Date Time	-	_ 1C3 _ 1NO	\$	
Travel		Meals and Incidentals		\$	
	From To	Dublic Transportation	Total	\$	
Proposed Route – Enter Cities Only		Public Transportation	Commercial		
		-	Aircraft Coach Commercial	\$	
		_	Aircraft First Class	\$	
Conference	ce Date(s)		Taxicabs Rental Vehicle	\$ 	
		- -	Private Aircraft	\$	
Purpose o	of the trip (attach additional sheets if necessary)		Charter Aircraft	\$	
		-	Other - Specify	\$	
		_	Total	\$	
		Miscellaneous	Registration Fees	\$	
FUNDIN	G		Parking Fees	\$ \$	
Account #1	%	-	Telephone	\$	
Account #2	2 %	_	Telegraph – Postage	\$	
Account #3	%		Other – Specify	\$	
			Total	\$	
		TOTAL ESTIM	ATED EXPENSES	\$	
Please indicate the amount(s) and date(s) required. Payee must sign below. A Guarantor signature is required for advances to Non-employees. Amount Date Required Pay Date Debit -					
Advance			\$		
REQUIRED SIGNATURES					
Employee Sign					
Non-employee Sign Guarantor Sign Guarantor Sign					
imn -	nediate supervisor sign				