



# Travel and Training Approval Form

check one:  Request for Travel  Return from Travel

## REQUESTOR INFORMATION

Aggie ID: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_

## DESTINATION & EVENT INFORMATION

Training Title: \_\_\_\_\_ Location(s): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Number of Days: \_\_\_\_\_

Justification (Request for Travel):  
or  
Justification (Return from Travel):

Required for Position  Professional Development  Travel Advance Needed

## TRAVEL INFORMATION

Administrative Section	
_____	
_____	
meal rates	
Breakfast	75% on first & last day \$ _____ Full day \$ _____
Lunch	75% on first & last day \$ _____ Full day \$ _____
Dinner	75% on first & last day \$ _____ Full day \$ _____

\*Do not combine meal amounts if a meal was skipped. Use individual listed rates.

Estimated Travel Costs	
Registration Fee (attach event info)	_____
Estimated Airfare (attach airfare form)	_____
Estimated Rental/Other	_____
Estimated Lodging (attach hotel data)	_____
Estimated Meals	_____
Total Estimated Cost	_____
Index	_____
Fund	_____
Vehicle to be used:	
<input type="radio"/> Facilities and Services AdminVehicle	<input type="radio"/> Personal Vehicle (no mileage reimbursed) <b>(Proof of Insurance to be attached)</b>
<input type="radio"/> Rental/Other	

Return from Travel	
Departure Date: _____	Time: _____
Return Date: _____	Time: _____
<input type="radio"/> Received Travel Advance _____	
Vehicle Used: <input type="radio"/> Personal <input type="radio"/> Rental <input type="radio"/> Official G _____	
Expenses: (please attach <b>itemized</b> receipts)	
<input type="radio"/> Rental: _____	<input type="radio"/> Total Meals: _____
<input type="radio"/> Fuel: _____	<input type="radio"/> Hotel: _____
<input type="radio"/> Other: _____	
Total Expenses: _____	

## APPROVAL

Supervisor Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Director Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Exec. Direc. Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Glen Haubold, Associate Vice President Signature \_\_\_\_\_ Date: \_\_\_\_\_

## COMMENTS