

SOUTHERN UNIVERSITY LAW CENTER

Office of Financial Affairs Travel Management Section

TRAVEL REQUEST CALCULATION FORM

Traveler's Name: _____ # in Travel Party: _____

Department/Program: _____ C/Account No.: _____

Travel Dates: _____ Travel Destination: _____

Will you have to pay a Registration Fee, etc.: Yes/No If YES, how much? _____

Due Date of Registration Fee: _____

Please do not forget to attach your Registration Form and Conference Itinerary if one is provided

Will you be using a Rental Car on your trip? Yes/No

If YES, please pick up an Automobile Rental Request Form for approval if you do not have one.

EXPENSES -----

AIRFARE

Please do not forget to attach Airfare Itinerary to your Travel Request Form

LODGING: Please accompany a Justification Letter for approval on lodging only if your lodging rate will exceed the Routine/Conference Lodging Allowance;

a) Room Rent (Including Taxes) _____

b) Number of Lodging Days _____

Total Lodging Expense _____

MEALS: (Use Tier I, II, III or IV Rate for sate meals)

Breakfast \$ _____ # of Days _____

Lunch \$ _____ # of Days _____

Dinner \$ _____ # of Days _____

Total Meal Expense _____

MISCELLANEOUS (List below other expenses that might occur)

Purpose: _____

Purpose: _____

Purpose: _____

Purpose: _____

Purpose: _____

Total Miscellaneous _____

TOTAL OF ESTIMATED COST

Travel Manager's Note

Signature of Traveler or University Personnel

Reviewed by Travel Manager