

Travel Request Form

Grady College of Journalism and Mass Communication

****MUST BE TYPED/completed by traveler/approved by department head no later than 2 WEEKS prior to travel**

Traveler's Name: _____

Department: _____

Purpose (% of time): INSTRUCTION RESEARCH PUBLIC SERVICE DEVELOPMENT

Date(s) of travel (mm/dd/yyyy): _____ TO _____

Location (city, state) while absent: _____

Mode of travel (check all that apply): AIR Personal Vehicle Rental Car
*if IN-STATE, contact Erin for reservation through Enterprise

Meals (1st /Last day 75% only): _____

[Domestic Travel Per Diems](#) [Foreign Travel Per Diems](#)

Lodging: _____ per night * _____ nights = _____ *See per diem links above for max lodging rates for your destination

Airfare: _____

Direct Bill Airfare? NO YES *If yes, please print out requested flights and submit with TA

Mileage: _____ X .545 per mile = _____

Registration: _____

Airport Parking: _____ per day * _____ days = _____

Airport Shuttle: _____

Ground Transportation On-site: _____

Other: _____ Explain: _____

Total: _____

Nature of Official Business (**Name of conference/meeting, business purpose of attending, etc.**)

Traveler's Signature: _____

Date: _____

Department Head Approved Funding Sources:

\$ _____ Dept. Travel Funds

\$ _____ Program Account: _____

\$ _____ Provost Request: _____

\$ _____ Other Source: _____

Dept. Head Signature: _____ Date: _____

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