



# Employee Travel Plan

Complete the shaded areas as applicable

(One designated person should serve as **Trip Planner** for group travel)

Person making Request: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_

Name of Conference/Workshop: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

# Registration Fees: \_\_\_\_\_ at \$ \_\_\_\_\_ per person

Conference/Workshop Cost:

Name of Hotel: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ # nights: \_\_\_\_\_ at \$: \_\_\_\_\_ lodging rate per night

*Hotel exemption certificates are available online and must be shown upon arrival.*

Hotel Cost:

Mode of Travel: \_\_\_\_\_ School Vehicle(s): Yes No

Rental Vehicle Estimated Cost: \_\_\_\_\_

Travel Cost:

Airline # of Tickets: \_\_\_\_\_ at \$: \_\_\_\_\_ per ticket

### Per Diem for Meals and Incidentals:

# of Participants:			
<b>Adults</b>	Breakfast		\$10/day
	Lunch		\$10/day
	Dinner		\$15/day

# of Students:			
<b>Students</b>	Breakfast		\$5/day
	Lunch		\$5/day
	Dinner		\$10/day

Meal Cost:

Distribution Code: \_\_\_\_\_

Distribution Code: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_