



TRAVEL REQUEST FORM

Do NOT Write or Stamp in this Area

Approval #

Date:

Travel Advance Request, if applicable (80% of Sub-Total): _____
(Travel Voucher must be attached)

Blanket In-State Out-of-State/Foreign

Check One: Staff Student Travel Student Group Travel Contingent Faculty CBA Faculty

Name: _____ Banner ID (required): @ _____
(One individual per request) (Team or Group Travel, attach Roster)

Department: _____ FOAPAL: _____
If more than one please put amount next to each FOAPAL

Purpose of Trip: _____

Date(s) of Proposed Trip: _____ Destination From/To: _____

Form Prepared by (required): _____ Ext _____

All the above fields are required to be completed

Cost of Trip (please list reimbursable amounts only)	
PER DIEM: Lodging _____ Night(s) at \$ _____/Night	Conference Hotel _____
Meals and Incidentals (M&IE)	
1 st and Last Day _____ Day(s) at \$ _____/Day	_____
Per Diem Rate _____ Day(s) at \$ _____/Day	_____
MILEAGE: Personal Vehicle _____ Miles at _____/mile	_____
AIRFARE: (Paid by Traveler) Attach Quotes	_____
REGISTRATION: (Paid by Traveler)	_____
OTHER: (Taxi Fares, Parking Fee, etc.) _____	_____
SUB-TOTAL	

Check Request Information (Items Paid Directly by NMHU)	
LODGING: _____ Nights(s) at _____/Night	Check Request # _____ (Attach Copy) _____
REGISTRATION: Check Request # _____ (Attach Copy)	_____
AIRFARE: Check Request # _____ (Attach Copy & Quotes)	_____
UNIVERSITY AUTO Flat Fee _____ Miles at _____/Mile	_____
TOTAL COST TO INSTITUTION	

WE CERTIFY THAT THE ABOVE TRAVEL IS NECESSARY AND IS FOR OFFICIAL UNIVERSITY BUSINESS

Traveler (Sign/Date)

Budget Approval (Sign/ Date)

Fund Supervisor/Direct Supervisor (Sign/Date)

Provost (Sign/Date)

Dean or Dean of Students (Sign/Date)

President or VP (Sign/Date)