

Tennessee Technological University
Cookeville, Tennessee

DEPARTMENTAL TRAVEL REQUISITION

Requisition Number 1

Date 3/18/2008

COAS	Index	Fund	Organization	Account	Program	Activity
T	262001	110001	200001	73210	450	

Balance from last Requisition \$15,000.00

Adjustments _____

Adjusted Balance \$15,000.00

This Requisition \$1,770.76

Bal. Carried Forward \$13,229.24

College or School Business & Fiscal Affairs
 Department of Business Office
 Submitted by John Q. Doe

Nature of Proposed Travel: In State Out of State Out of Country

Purpose: Facilities & Administrative Rates Workshop

Type of Travel: (Check one)

(a) Job Performance

Description of Job Relation _____

(b) Professional meeting or Conference (other than presenter or officer)

Number Previously Attended in current Fiscal Year

Place: Chicago, IL

Dates: March 9-12, 2XXX

Method of Travel: University Car Personal Car Plane Bus Other

Air Travel Approval Form Yes No

Mileage 156 Miles @ \$0.46

Fare _____

Lodging Number of Nights 3 @ \$175.00

Meals Number of Days 2 @ \$40.50

Number of Days 2 @ \$54.00

Registration Fee _____

Miscellaneous Reimbursable Expense _____

TOTAL ESTIMATED EXPENSE

	*Estimate (specify)	*Actual
Mileage	\$71.76	\$71.76
Fare	\$300.00	\$289.43
Lodging	\$525.00	\$603.75
Meals	\$81.00	\$81.00
Registration Fee	\$108.00	\$58.00
Miscellaneous Reimbursable Expense	\$635.00	
TOTAL ESTIMATED EXPENSE	\$1,770.76	

Total Actual Expense for Which Reimbursement is Requested

\$1,162.94

Less: Travel Advance

Amount of Reimbursement

\$1,162.94

If two or more employees are traveling together list other names:

*Adjust for difference on next requisition: TNUMBER T0000XXXX

SIGNED _____

Claimant

ACTION:

APPROVED: _____
 Department Chairperson/Director _____ Date _____

APPROVED: _____
 Dean or Administrative Officer _____ Date _____

APPROVED: _____
 Vice President for Business and Fiscal Affairs _____ Date _____

APPROVED: _____
 President or Provost _____ Date _____

Advance Registration _____ Date _____

Car Rental _____ Date _____

Travel Advance _____ Date _____

Reimbursement _____ Date _____