

EMORY UNIVERSITY
 Division of Animal Resources
TRAVEL REQUEST

Name of Traveler

Destination

Is this payment to or on the behalf of a non US citizen or non-Permanent resident? Yes ___ No ___
 (if yes, you must use Form 4 when requesting reimbursement.)

Trip Date From To

Purpose of Trip

Check if confirmed amount, not estimate

Estimated Expenses

*	Airfare	<input type="text"/>
*	Auto Rental	<input type="text"/>
	Personal Auto:	<input type="text"/>
	Lodging	<input type="text"/>
***	Meals/Tips	<input type="text"/>
	Taxi/Limo/Bus	<input type="text"/>
**	Telephone	<input type="text"/>
**	Parking	<input type="text"/>
**	Miscellaneous	<input type="text"/>
*	Registration	<input type="text"/>
**	Estimated	<input type="text"/>
**	Travel Expenses	<input type="text"/>

Mileage
 Rate in Cents
 est auto expense

FYI:

- *Receipts Required (except prepaid Registration Fees)
- **Receipts Required for All Individual Items Over \$50.00
- ***Itemized Hotel/Motel Receipt Required
- ***Foreign Travel (6200)

Have you been approved for or taken any other trips during this fiscal year?

Additional Information

This form is used to request authorization to travel only. After traveling I will provide a reimbursement request within 30 days of traveling

Traveler's Signature: _____ Date: _____

Mgr/Supervisors Approval _____ Date: _____

Director's Approval _____ Date: _____

Approval Comments:

Business Manager:

Business Office Use only	
UM Reviewed:	<input type="text"/>
Posted to Travel Enc?	<input type="text"/>
<input type="text"/>	<input type="text"/>

Account Number to be Charged	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>