

REQUEST FOR TRAVEL
IF YOU ARE RECEIVING PROGRAM FUNDING
SUBMIT THIS FORM TO THE PROGRAM EXECUTIVE ADMINISTRATOR
4-5 WEEKS PRIOR TO DEPARTURE DATE
THE PROGRAM EXECUTIVE ADMINISTRATOR
WILL COMPLETE AND SUBMIT UNIVERSITY REQUIRED FORMS

Name: _____ Date: _____ BANNER ID #: _____

Address: _____ Email: _____
 _____ US Citizen _____ NRA _____
City, State & Zip (Non Resident Alien)

Travel Destination: _____

Purpose of Travel: _____

Dates of Travel: Departure Date: _____ Return Date: _____

Will you be receiving GPSG funding? _____ Funding Amount: _____

Estimated Expenses:

1. Transportation:

- Airfare \$ _____
- Parking/Taxi or Shuttle Service to Hotel \$ _____
- Mileage your Car _____ miles @ \$.17/mile \$ _____

2. Subsistence:

	Travel Expense Allowance			
	<u>In State</u>	<u>Out of State</u>		
Breakfast	\$ 8.40	\$ 8.40	X _____	(how many) \$ _____
Lunch	\$11.00	\$11.00	X _____	(how many) \$ _____
Dinner	\$18.90	\$21.60	X _____	(how many) \$ _____
			MEAL TOTAL	\$ _____

3. Lodging per night times # of nights: \$ _____ X _____ \$ _____

4. Room Fees/Taxes times # of nights: \$ _____ X _____ \$ _____

LODGING TOTAL \$ _____

5. Registration: **TOTAL** \$ _____

6. Membership: **TOTAL** \$ _____

Submit this form along with (UNSTAPLED/ONE SIDED) an event announcement, agenda/program, flight itinerary, registration, mileage documentation, pre-paid receipts and/or any other travel arrangement documentation as required by NC State to the Program Executive Administrator 4-5 weeks prior to departure date.