SOUTHERN UNIVERSITY LAW CENTER

Office of Financial Affairs Travel Management Section

TRAVEL REQUEST CALCULATION FORM

Traveler's Name:					
Department/Program:		_			
Travel Destination:					
Travel Dates:		_			
		_			
Registration Information:					
Will you have to pay a Registration Fee?		□No	If, yes how much?		
Please attach your Registration Form and Conference Itinera	tinerarv/∆genda (require		locuments)	Date Due:	
	Ty/Agenua (Tequii	eu travet t		ease complete the following	
Rental Vehicle:				•	
			-	required forms located on the website	
Will you need a Rental Vehicle?	s <u>No</u>			nobile Rental Request Form Request Information Form	
Total Bootal Walting Francisco			Z. Nema	rnequest information i offi	
Total Rental Vehicle Expenses:					
Airfare:	Airfare Itir	erary red	quired (attac	ch to travel documents)	
Lodging : A justification letter for approval on lodging	-				
if your lodging rate exceeds the Routine/Conference Lo	dging Allowance				
A) Room (nightly rate excluding taxes)			A)	Travel's Notes	
B) # of Days			В)	Lodging Information	
https://www.gsa.gov/travel/plan-book/per-diem-rates	Total Lodging E	xpense:		Name of Hotel:	
Per Diem: (See Meal Calculation Form on website.)				Conference Hotel	
Refer to GSA Rate for travel destination and attach				(Support documentation is required)	
To https://www.gsa.gov/travel/plan-book/per-diem-rates	tal Per Diem E	xpense:		Nightly Rate:	
				Non Conference Hetal	
Other Expenses: Baggage:				Non-Conference Hotel GSA Rate:	
Gas: (original receipt required)				USA hate.	
Parking/Tolls:				\dashv	
Mileage: (personal vehicle 99 miles maximum)				For Travel Dept Use Only	
Ground Transportation: (detailed receipt is required)				CBA Charges	
Other: (please list)				Airfare	
	her Expenses:			Lodging	
Total Off	iici Evheiises.			Registration Fee	
Total of E	stimate Cost:			Rental Vehicle	

Signature of Traveler

Signature of Travel Reviewer