

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? ☐ Yes ☐ No If, yes how much? _____
Date Due: _____

Please attach your registration form/invoice.

Rental Vehicle: *Compliance with the Office of Safety and Risk Management is required (Authorized Driver).*

If yes, please complete the following
required forms located on the website:

Will you need a Rental Vehicle? ☐ Yes ☐ No

*Automobile Rental Request Form

Total Rental Vehicle Expenses: _____

Airfare: _____ Airfare quote (required)

Lodging: *A justification letter for approval on lodging is required only if your lodging rate exceeds the Routine/Conference Lodging Allowance.*

A) Room (nightly rate including taxes)

A) _____

B) # of Days

B) _____

Total Lodging Expense: _____

Per Diem: Complete Meal Calculation Form and attach a copy of the GSA Rate.

Total Per Diem Expense: _____

Other Expenses: Receipts required for reimbursement

Baggage: _____

Gas: (original receipt required for reimbursement) _____

Parking/Tolls: _____

Mileage: (personal vehicle 99 miles maximum) Ground _____

Transportation: (detailed receipt is required) _____

Other: (please list) _____

Total Other Expenses: _____

Total of Estimated Cost: _____

Travel's Notes

Lodging Information

Name of Hotel: _____

☐ Conference Hotel

(Support documentation is required)

Nightly Rate: _____

☐ Non-Conference Hotel

GSA Rate: _____

Nightly Rate: _____

For Travel Dept Use Only

CBA Charges

☐ Airfare

☐ Lodging

☐ Registration Fee

☐ Rental Vehicle

Signature of Traveler

Signature of Travel Reviewer