

TRAVEL ARRANGEMENT INFORMATION

- Travel approval must be obtained from several places, so it is important to begin preparing as early as possible. This travel form does not take the place of a PDP application, nor does the PDP application take the place of this form.
- **Out-of-state travel:** This form is required for any out-of-state travel you are doing in association with the university, whether you expect to be reimbursed or not. Fill out the form as completely as you can; cost estimates are fine if you do not know what the exact charges will be. Return the completed form to Amparo for Greg's approval. Amparo will inform you when Greg approves the travel.
- **In-state travel:** Travel within the state of Colorado does not require pre-trip approval. Per diem is not allowed for day trips, regardless of the length of the trip.
- **International travel** requires additional steps, so be sure to allow extra time for processing. If all signatures are not obtained in a timely manner, your international trip **will not** be approved.
- Ask the travel agent to email the itinerary and ticket cost to Amparo (Amparo.Jeffrey@colostate.edu). It's a good idea to search online to see what fares are available so when you call an agency you can ask for the specific flights and fare. **Please do not pay for your airline tickets yourself. We may not be able to reimburse the cost if you do.**
- **Per diem rates** vary in different locations and seasonally in some places. If a meal is included in your conference or provided by hosts please acknowledge that on your form. Employees are allowed 75% of the per diem rate on the first and last day of travel no matter what time the travel begins or ends. You do not need to turn in food receipts.
- Make your own lodging arrangements. You can request a Travel Advance, pay for these charges with your personal credit card, or apply for a university credit card to pay these expenses by going to http://busfin.colostate.edu/trv_state Visa.aspx. You have a 60-day grace period to pay the charges on the credit card before interest begins to accrue. If you do not use the card for a period of time it will need to be reactivated.
- When travel is completed, give all of your receipts to Amparo so that reimbursement can be requested. Reimbursement without the necessary receipts is not possible. If you have traveled internationally, include an Oanda currency conversion for the amount of each expense and the day it was purchased (www.Oanda.com). Amparo will notify you when your post-trip travel documentation has been completed and is ready for your electronic approval. The date Travel Services are processing vouchers is posted at <http://busfin.colostate.edu/trv.aspx>.

JMC DEPARTMENT TRAVEL REQUEST FORM

Traveler Information

Name: _____ Email: _____

List travel funded by the department in the last two years:

Trip Itinerary

Travel Agency: Frosch (223-0442) New Horizons (223-7400)

Ask your travel agent to email itinerary and ticket cost to Amparo.Jeffrey@colostate.edu

Begin Travel Date: _____ End Travel Date: _____ Initial Destination: _____

Trip Description: Attending a conference? Presenting a paper? Additional trip locations? Please give ALL the information you can.

International travel **only**: The name, address, and phone number of the lodging for each night of your trip is required, even for personal travel. Attach a separate sheet or write on the back of this form.

Contact phone number during trip _____ Modes of transportation while out of country _____

Region familiarity _____

Expenses

Per Diem requested
Exclude _____ non-work related travel days from the request.
List meals included in conference fee:

Mileage: _____ miles

Airline Ticket: \$ _____

Excess Baggage: \$ _____

Lodging: \$ _____

Miscellaneous: \$ _____

Please itemize if using this category

Parking: \$ _____

Registration: \$ _____

Pay with department PCard
(attach completed registration form)

Rental Car: \$ _____

Shuttle/Taxi: \$ _____

Toll Road Fees: \$ _____

Authorization

Funding source (account name or number): _____

Other funding source name and amount: _____

Total Amount Authorized by Chair: \$ _____

Chair Signature: _____ **Date:** _____

Office use only:

- TEM # _____
- Ad hoc routing
- Authorization submitted