

**PART A Trip Information**

Employee Number \_\_\_\_\_ Account Number \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Department \_\_\_\_\_  
 Destination \_\_\_\_\_ Date(s) of Trip From \_\_\_\_\_ To \_\_\_\_\_  
 Purpose of the Travel \_\_\_\_\_

**PART B Air Travel Reservations**

It is the employee's responsibility to make their tentative air travel arrangements through Ermisch or Calhoun Travel. When the approved Travel Expense Form is received by the Purchasing Department a Purchase Order will be provided to the travel agency. \$ \_\_\_\_\_

**PART C Conference Registration**

The conference registration will be paid by the Purchasing Department . Complete full mailing address and attach the registration packet including the conference schedule. \$ \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part D Hotel**

Hotel reservations will be made by the Purchasing Department - complete full mailings address and hotel telephone number below, if preferred you can make the reservation and hold with your credit card. The Purchasing Department will pay the final bill. \$ \_\_\_\_\_  
 Hotel Phone \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part E Meals & Mileage**

Complete the Meals and Mileage Expense information. If meals are included with the conference registration, do not include those meals in the determination of your meal allowance.

**MEALS** — Meals per diem rates are available at [www.gsa.gov](http://www.gsa.gov). Click on the Per Diem Rate Link; click on the state in which you are traveling; scroll down to locate the M&IE Rate for the city; on the left side of the screen, go to the Meals and Incidental Breakdown Link. Listed are the meals (Breakfast, Lunch, and Dinner)

<b># of meals x allowance</b>	Breakfast _____ x _____ = _____	
	Lunch _____ x _____ = _____	
	Dinner _____ x _____ = _____	Total Meals \$ _____

**PERSONAL CAR** — \$ \_\_\_\_\_ x \_\_\_\_\_ miles  
 Total Mileage \$ \_\_\_\_\_  
 Total Meals and Mileage \$ \_\_\_\_\_

**PART F Other Travel Expenses Not Previously Reimbursed**

Upon return from your trip, submit a Check Request for all other expense not previously reimbursed, attach receipts, and submit to the Purchasing Department.

**For A/P Use Only** \$ \_\_\_\_\_ **Form Verification** \_\_\_\_\_ **Grand Total** \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Purchasing Director \_\_\_\_\_ Date \_\_\_\_\_