

Domestic Travel Request

** For AP use Only **

Encumbrance No.

E

Section 1 - Purpose

Employees, faculty, staff and others authorized to travel overnight on official Rowan University business.

Section 2 - Traveler's Information

Date:	Title:	Banner ID #:
Traveler's Name:	Email:	Phone #:
Mailing Address:	City:	State: Zip Code:
Admin. Asst.:	Admin. Asst. Banner ID #:	Admin. Asst. Phone:
Admin. Asst. Email:	Dept. Name:	Dept. Building:

Section 3 - Destination & Purpose

Destination City & State:	Conference Name:
Conference Dates:	Reason for Travel
List of other students / employees on the same mission:	

SUPPORTING DOCUMENTATION REQUIRED: Please include one or more of the following: Conference brochure, registration form, or information printed from a website.

Section 4 - Estimated Travel Expenses (For more information please visit: [Travel Policy](#))

Date		Items	Description of Estimated Travel (In Detail) (Examples: Airline Name, Hotel name, Conference, Registration, Per Diem)	Estimated Cost
From	To			
		Mileage	Miles @	
Please note: Meals included as a part of the registration fee will be deducted from the per diem payment. Federal Domestic: US per diem rates IRS: Standard Mileage Rates				Estimated Travel Expenses

Section 5 - Traveler Consent (Print and Sign)

I hereby certify that this travel request is an estimate of expenses that will be incurred while traveling on official Rowan University Business and is being submitted prior to traveling on official Rowan University Business.

Traveler Signature: Date: Amount Requested:

Section 6 - Accounting Information

Index #	Fund #	Organization #	Account #	Program #	Amount

Account # 7215 is used for mileage expense.

Account # 7216 is used for employee travel and all other travel expenses (example: tolls, parking, registration, hotel and airfare). Account # 7217 is used for student travel.

Approved Amount to be Encumbered: \$

Section 7 - Appropriate Approvals (Print and Sign)

Department Head:	Date:	Amount Approved:
Division:	Date:	Amount Approved:
Ethics Liaison Officer:	Date:	
Grants:	Date:	Funds Available: <input type="checkbox"/>
Accounts Payable:	Date:	