Rowan University
ACCOUNTS PAYABLE

Student Domestic Travel Request

** For AP use Only **
Encumbrance No.
E

Section 1 - Purpose

Students 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 @ .725	0.00
				Estimated Travel Expenses	0.00

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

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: $ 0.00

Section 7 - Appropriate Approvals (Print and Sign)

Department Head: _____ Date: _____ Amount Approved: _____

Division: _____ Date: _____ Amount Approved: _____

Grants: _____ Date: _____ Funds Available: ☐

Accounts Payable: _____ Date: _____