

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 @	
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: _____
Grants: _____	Date: _____	Funds Available: ☐
Accounts Payable: _____	Date: _____	