

Office of Research and Economic Development: Request for Travel Authorization

Traveler Name/Vandal # _____ **Date of Request:** _____
Supervisor if Non-ORED Employee: _____ **Department/College/Zip:** _____

Employee Classification: (select one) **Faculty** **Exempt** **Classified** **Student** **IH**

Budget (activity code when applicable): _____ **Estimated Cost:** _____

Destination(s):

Departure Date and Time: _____ **Return Date and Time:** _____

Note: Please be sure that the estimated departure and return dates/times listed above include travel time so that your approved authorization will be in effect when you are actually traveling. Your ACTUAL departure and return dates/times will be used in calculating reimbursement.

Purpose/Justification:

 (Include Conference/Meeting Agendas)

Personal Leave Planned During Trip: **Yes** **No** If yes, please provide dates and locations: _____
 Note: If including personal days,
 1. You cannot use your UI purchasing card to book airfare, etc. _____
 You must use your own funds and request reimbursement. _____
 2. You must provide copies of actual itineraries and costs, _____
 with and without the personal days, for comparison. _____

Entertaining or Purchasing Alcohol: **Yes** **No** Note: Make sure to attach approved Entertainment forms.
 Forms are found here: <http://www.uidaho.edu/~media/Files/orgs/SCI/Biology/Entertainment-Expense-Approval-Form.ashx>

Request Travel Advance: **Yes** **No** If yes, list amount here: _____
 Note: Advances are limited to a maximum of 90% of travel cost.

<u>Departure Times:</u>	<u>Arrival Times:</u>	<u>In-State</u>	<u>Out-of-State</u>
7am and after-no breakfast	8am and before-no breakfast	B \$11.25	Calculated on
11am and after-no lunch	2pm and before-no lunch	L \$15.75	GSA Rates
5pm and after-no dinner	7pm and before-no dinner	D \$24.75	
		\$45 Max	

Mileage Rate: Miles X \$0.535