



## Travel Request Form, (TR)

Business Unit: <b>TR784</b>	Purchase Order No:	Today's Date:
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Traveler's Name (Last, First):

Vendor ID#:	Phone:	Email:
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Job Title:	Duty Point:	Destination:
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Depart. Contact (Last, First):

Room No:	Phone No:	Email:
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**Classification of Traveler (check one)**

UHD Employee	Prospective Employee	University Guest (not paid for services)
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UHD Student	Contractor (paid for services)	Other (describe)
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**Itinerary** (If additional space needed please attach a Travel Information Request Form.)

Departure Date:	Return Date:	Hotel:
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Outbound Flights:	Inbound Flight:	Car:
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**Estimated Travel Expenditures**

	Local Funds	State Funds	Total Funds
Airfare:    Prepaid by UHD Travel Office      Paid by Traveler & Reimbursed by UHD			
Other travel expenses direct-billed to UHD:    Car    Hotel    Registration			
Travel expenses to be reimbursed by UHD			
<b>Total expenditures to be paid or reimbursed by UHD</b>			

**% or amount of travel expenditures to be paid / reimbursed by non-UHD third party: %** **Amount:**

**TAP / HOTEL MasterCard Information**

TAP MasterCard Designee for Student Group Travel for Emergency purposes (Mandatory):	Yes	No
TAP MasterCard issued to Designee for SGT to include amount for Incidentals	Yes	No
TAP MasterCard issued to traveler to Foreign Country for Emergency Purposes (Optional)	Yes	Declined by Traveler
MasterCard for Hotel issued for direct billed charges (Pre-Approved by TO)	Yes	No

**Itemization of Estimated Travel Expenditures**

	Fund	Dept ID	Program	Project	Account#	Amount	Stamp Here
Airfare							
Hotel							
Car Rental							
Gas Card							
Registration							
Meals							
Other							
Other							
<b>Total:</b>							

**Purpose/Benefit of Travel:**

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**If Travel Request is for employee insurance purposes only (no UHD payment/reimbursement), check here:**

**If Travel Request includes Travel Advance, check here** **Amount:**

Authorizations:	Print Name	Sign Name	Date	Stamp Here
Traveler	_____	_____	_____	
Supervisor/Unit Head	_____	_____	_____	
Certifying Signature	_____	_____	_____	
Coord.of Grant Accounting	_____	_____	_____	
Vice President	_____	_____	_____	
President/Chancellor	_____	_____	_____	
Travel Department	_____	_____	_____	

**Please note amounts on TR are ESTIMATES ONLY and may not reflect actual reimbursement paid on audited Travel Voucher**