

**UNIVERSITY OF OREGON
DEPARTMENT OF CHEMISTRY
TRAVEL APPROVAL REQUEST**

Today's Date: _____

Name: _____ Title: _____ Phone: _____

Home Address (*required for travel reimbursement*): _____

UO ID #: 950 - _____ Index: _____

Agent's Name: _____ Ticketing Date: _____
(Ambassador Travel: 686-1234, Carlson/Away Travel: 687-2250, Premier Travel: 747-0909)

Airline: _____ *Airfare Amount: \$ _____ *

***If you are combining personal travel with business travel, a quote is required from one of the 3 contracted agencies (listed above) showing what the business travel would cost compared to the personal travel ticket. Quote must be done the same time the actual ticket is purchased.**

Lodging Rate: \$ _____ /night Conference Hotel: Yes No

Private Car Mileage: _____ miles at .485 cents per mile (*effective from 09/01/05*)

NOTE: IF YOU ARE DRIVING OUT OF STATE , A QUOTE MUST BE OBTAINED (*before the trip*) from one of our 3 travel agents. Reimbursement will be for the *least* expensive means of transportation. On travel days, you may be reimbursed for mileage and per diem only up to the amount of the airfare quote.

Miscellaneous Expenses

(Original receipts required if over \$25.00)

Taxi \$ _____ (Tips are not an allowed expense)

Car Rental \$ _____ (must be compact or economy)
NOTE: Limited Damage Waiver (LDW) is now required for all car rentals. (Not necessary, if using the state agreement with Enterprise)
***Please provide 'in writing' the reason for the car rental.**

Train/Bus \$ _____

Parking \$ _____

Telephone Calls \$ _____

Registration Fee \$ _____

Save all receipts for expenses greater than \$25.00. If you do not receive your ticket within two weeks, check with the Travel Agency regarding status.

Purpose of Trip: (include meeting dates and location)

Please complete the itinerary on the back.



Itinerary

Date	Hour of Departure	Hour of Arrival	Destination	Breakfast (\$)	Lunch (\$)	Dinner (\$)	Lodging per Night
			TOTAL	\$	\$	\$	\$

Calculations:

Reminders:

Your hotel receipt **must show: your name, dates you stayed** at the hotel, and a **zero balance due**.

Attending a conference? A copy of the conference brochure must be submitted showing the agenda, dates of the conference/meeting and what was included in the conference i.e. meals/banquets.

The per diem amounts for instate meals are \$9.00 for breakfast, \$9.00 for lunch, and \$18.00 for dinner and lodging is \$93.00.00 per night. The per diem amounts for out-of-state meals are \$9.00 for breakfast, \$9.00 for lunch, and \$18.00 for dinner and lodging is \$93.00 per night. Out-of-state amounts increase to accommodate for large cities such as San Francisco and New York. Foreign rates for meals and lodging vary by location.

PLEASE NOTE: Travel reimbursements using Grant Funds must be submitted within 3 months of completing the trip. After this 3 month period, additional approval will be required from ORSA and will delay your reimbursement.

Authorization signature _____

Date _____