

Instructions for completing the Travel Request Form:

Field 1: Enter your first and last name.

Field 2: Enter the Department Name that you work for.

Field 3: Enter your cost code (unless another department is paying for your trip).

Field 4: Enter the fund. (*Regular travel is charged to fund 4726*)

Field 5: Enter the month, day and year that you will be traveling.

Field 6: Enter the time that you plan on leaving for your trip.

Field 7: Enter the City and State that you will be leaving from.

Field 8: Enter the City and State that you will be traveling to.

Field 9: Enter the date that you will be returning.

Field 10: Enter the time that you expect to return.

Field 11: Enter the city and state that you will be returning from.

Field 12: Enter the city and state and that you will return to.

Field 13: Enter the reason for your travel. If you are attending a conference **BE SURE TO INCLUDE THE NAME OF THE CONFERENCE.**

How to complete the Estimated Costs section: This section consists of two columns, Direct Billed and Reimbursed. The following rules apply when completing fields 14 through 32.

Rule One: Enter the estimated dollar figure in the Direct Billed column if you are requesting the College pay for the charge. Please note that only the items marked with an asterisk can be paid for by the College in advance.

Rule Two: Enter the estimated dollar figure in the Reimbursed Column if you are going to pay for it yourself and get reimbursed upon return of your trip.

Rule Three: Even if you are requesting a state vehicle, you should always enter the mileage in anticipation that a vehicle is not available.

Rule Four: Always enter the name and phone number of the facility that you will be staying at.

Field 14 or 15: Enter any Air Fare amount that may apply.

Field 16 and 17: Enter the roundtrip mileage that you will be traveling. The amount will update automatically.

Field 18 or 19: Enter the cost of a vehicle rental if applicable.

Field 20 or 21: Enter any miscellaneous transportation costs you may incur if applicable.

Field 22 or 23: Enter any parking costs if applicable.

Field 24 or 25: Enter the cost of registration if applicable.

Field 26 through 30: Enter the number of rooms requested, enter the cost per room, enter the number of nights you will be staying and enter the grand total for all rooms in the appropriate column.

Field 31: Enter the name and phone number of the facility you wish to stay at and provide any discount code information.

Field 32: Enter the total amount of meals for all guests.

Field 33: Enter the name of any additional travelers.

Field 34: *Do you need a vehicle?* Select the appropriate box at the top of the form.

Field 35: Click PRINT to print the form.

Field 36: You sign the form and forward it to your supervisor for approval.

Field 37: Your supervisor will sign the form and forward it to the Business Office or the Professional Development Coordinator or other department head if applicable.

Field 38: The Professional Development Coordinator signs the form and checks the appropriate button and forwards the form to the Business Office.

College-owned vehicles will be used when an employee is required to use a vehicle to conduct business. If necessary, a rental may be used, whichever is most cost effective.

Do you need a vehicle: Yes No

Print Form

Name Dept Cost Code Fund

Dates and Destination		From	City and State
Date	Time		
<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	
		To	<input type="text" value="8"/>
<input type="text" value="9"/>	<input type="text" value="10"/>	From	<input type="text" value="11"/>
		To	<input type="text" value="12"/>

Reason for Travel:

* Direct Billed costs represent those that the College will pay in advance.

Transportation		Estimated Costs (complete all that apply)	
		Direct Billed*	Reimbursed
	*Air Fare	<input type="text" value="14"/>	<input type="text" value="15"/>
Personal Vehicle miles	<input type="text" value="16"/> 44.5 cents		<input type="text" value="\$ 0.00 17"/>
	*Vehicle Rental	<input type="text" value="18"/>	<input type="text" value="19"/>
	Other Ground Transportation	<input type="text" value="20"/>	<input type="text" value="21"/>
	*Parking	<input type="text" value="22"/>	<input type="text" value="23"/>
	*Registration Fee	<input type="text" value="24"/>	<input type="text" value="25"/>
No. of Rooms <input type="text" value="26"/>	*Lodging \$ <input type="text" value="27"/> x <input type="text" value="28"/> nights	<input type="text" value="29"/>	<input type="text" value="30"/>
	Facility Name and Phone Number:	<input type="text" value="31"/>	
	Meals: \$30 MAX per day In-State (3 meals) \$50 MAX per day Out-of-State		<input type="text" value="32"/>
	Subtotal Estimated Expenses	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>
	Grand Total for Trip	<input type="text" value="\$ 0.00"/>	

Other Person(s) Traveling

Approval Signatures

_____ Date

Traveler

_____ Date

Supervisor

Business Office Approval _____ Date

Vehicle Assignment State Vehicle Assigned _____ Rental-Return rental agreement to Business Office Personal

SAMPLE

State of West Virginia
WV Northern Community College
Request for Travel/Vehicle

College-owned vehicles will be used when an employee is required to use a vehicle to conduct business. If necessary, a rental may be used, whichever is most cost effective.

Do you need a vehicle:

Yes No

Print Form

Name Dept Cost Code Fund

Dates and Destination		City and State	
Date	Time	From	To
<input type="text" value="Aug 15, 2007"/>	<input type="text" value="6 am"/>	<input type="text" value="Wheeling, WV"/>	<input type="text" value="Charleston, WV"/>
<input type="text" value="Aug 17, 2007"/>	<input type="text" value="8 pm"/>	<input type="text" value="Charleston, WV"/>	<input type="text" value="Wheeling, WV"/>

Reason for Travel:

* Direct Billed costs represent those that the College will pay in advance.

Transportation

Estimated Costs (complete all that apply)
Direct Billed* **Reimbursed**

*Air Fare	<input type="text"/>	<input type="text"/>
Personal Vehicle miles <input type="text" value="360"/> 44.5 cents		<input type="text" value="\$ 160.20"/>
*Vehicle Rental	<input type="text"/>	<input type="text"/>
Other Ground Transportation	<input type="text"/>	<input type="text"/>
*Parking	<input type="text" value="\$ 14.00"/>	<input type="text"/>
*Registration Fee	<input type="text"/>	<input type="text" value="\$ 150.00"/>
No. of Rooms <input type="text" value="2"/> *Lodging \$ <input type="text" value="109.99"/> x <input type="text" value="2"/> nights	<input type="text" value="\$ 439.96"/>	<input type="text"/>
Facility Name and Phone Number: <input type="text" value="Marriott Town Center - 304-558-5555 Use Code: PPS"/>		<input type="text" value="\$ 180.00"/>
Meals: \$30 MAX per day In-State (3 meals) \$50 MAX per day Out-of-State		<input type="text"/>
Subtotal Estimated Expenses	<input type="text" value="\$ 453.96"/>	<input type="text" value="\$ 490.20"/>
Grand Total for Trip	<input type="text" value="\$ 944.16"/>	

Other Person(s) Traveling

Approval Signatures

John Smith 8/1/07
Traveler Date
Mr. Supervisor 8/2/07
Supervisor Date
Miss Business Office 8/4/07
Business Office Approval Date

Vehicle Assignment State Vehicle Assigned HONDA **Business Office Use Only** Rental-Return rental agreement to Business Office Personal
Approved for Professional Development Mr. Professional Development Perkins Use 390002