

EMAIL ADDRESS: \_\_\_\_\_

Last Name, First Name, Middle Initial (Required)		Address of Traveler: Street, City, State, Zip	
Department	Destination: Street, City, State, Zip	RF Travel card used? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>DEPARTURE:</b>	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<b>RETURN:</b>	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Project Director	Project	Award	Task	<b>Relationship to Program</b> <input type="checkbox"/> Grant Payroll or Stipend <input type="checkbox"/> Consultant <input type="checkbox"/> Lecturer <input type="checkbox"/> State Employee Working on Project <input type="checkbox"/> Volunteer (Form on file) <input type="checkbox"/> Other (Explain on reverse side)
Justification for Trip/Benefit to Project(s) charged:	Project	Award	Task	

- TRANSPORTATION -		Amounts:					Total Amount
Date	Destination	Personal Car Mileage	Plane*	Train	Car Rental	Taxi	
<b>TOTAL TRANSPORTATION EXPENSE</b>							\$

- LODGING -		Amounts:					Misc. Amount	Total Amount
Date	Hotel Name	Lodging	Breakfast	Lunch	Dinner	Miscellaneous (Explain)		
				X				
				X				
				X				
				X				
				X				
<b>TOTAL LODGING EXPENSE</b>								\$

<b>TOTAL EXPENSES</b> (Total Transportation + Total Lodging)	\$
<b>LESS PAID BY OTHER FUNDING</b> (BTI, College Foundation, State...)	\$
<b>NET BALANCE</b>	\$

*I hereby certify that the above trip was taken for the purpose indicated; that the above account is just, true, and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is due and owing and reimbursable in accordance with Research Foundation Regulations.*

Traveler's Signature	Date	Project Director/Approver's Signature (CANNOT BE YOURSELF)	Date
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**Note: Receipts for transportation and lodging expenses, as well as documentation relating to attendance at business events should be attached as appropriate (i.e. event agenda).**