

Department of Physics

Travel Request and Authorization Worksheet

TA# _____
 PRO# _____
 CAL GREG

Traveler Name: _____

Employee ID: _____

Faculty/Staff Student

Travel Information

Reason for Travel:	Travel Location(s):	*Departure Date and Time:
		*Return Date and Time:
Conference Name:	Conference Location:	Conference Dates:

***Departure Date/Time and Return Date/Time are required to determine per diem below.**

Is any part of trip for personal travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," describe (include dates and airfare comparison).
Missing any classes? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, which ones and who will substitute?

Estimated Costs

Expense Type	Dept ID	Grant Code (if applicable)	Cost Estimates	PCard? *Office?
Registration				
Airfare				
Baggage				
Lodging				
Parking				
Rental Vehicle/Fuel				
Per diem (Office will calculate)				
Mileage (if using personal vehicle) Est. Miles: _____ License Plate # _____				
Public Transportation/Taxi				
TOTAL:				

NOTES: _____

* Do you want the office to purchase?

Traveler Signature: _____

Date: _____

Dept. Chair Signature: _____

Date: _____