

Estimated Travel Expenses

Name & Department: _____

Date of Travel: _____

Purpose of Travel: _____

Location of Travel: _____

Number of Days Traveling: _____

Office Phone: _____

Email: _____

Receipts to all items required after travel is completed.

Item	Amount	Comments
Registration		
Air Fare		
Lodging		
Rental Car/Uber/Lyft		
Shuttle		
Taxi		
Parking		
Per Diem * estimated amount until travel is completed		
Mileage (submit map)		
Other Misc. Costs (bags, gas from rental, etc.)		
Total		

Attach to Travel Authorization Form.

FIND THE LION IN YOU