

Virginia Tech Travel Estimate and Approval Form

This form is used to 1) provide an estimate of travel expenses and 2) request approval for all overnight travel, involving employees, students, visitors, and other business associates. It must be submitted to the Department Head for approval prior to incurring overnight travel expenses when the total cost of the trip is expected to exceed \$500. After approval is granted, a copy of this form must be attached to the travel expense reimbursement voucher and all vendor payment invoices, including registration and hotel payments.

TRAVEL INFORMATION

Name of Traveler: _____ Visitor Faculty Staff Student
 Department: _____ Mail Code: _____
 Address for Return of Form: _____ Contact Telephone: _____
 Destination(s): _____
 Dates of Travel: FROM: _____ TO: _____
 Name of Dept. Head or Designee signing below _____

PURPOSE OF TRIP

1. Conference Travel:

- Giving a presentation or poster
- Serving as panel member, discussant, or chair
- Serving as an officer or board member
- Attending only
- Other please explain _____

2. Non-Conference Travel:

State Purpose: _____

Conference/name (please use complete name): _____

****KEEP STATEMENT DOCUMENTING BUSINESS NECESSITY IN DEPARTMENTAL FILES. ****

(Required when more than 3 employees request approval to travel to the same location/event.)

Estimated cost for:

Transportation: _____
 Lodging: _____
 Meals: _____
 Conf./seminar fee: _____
 Other: _____
Total Estimated cost: _____

Funding Source:

Org/Fund/Amount _____
 Org/Fund/Amount _____
 Org/Fund/Amount _____

Other Known Attendees:

LODGING EXCEPTION REQUEST (Required when lodging exceeds ALLOWABLE rate.)

ALLOWABLE Lodging Rate (Excluding Taxes) _____
REQUESTED Lodging Rate (Excluding Taxes) _____
 Difference from Allowable to Requested _____

JUSTIFICATION for excessive lodging rate: _____

TRAVEL REQUEST SIGNATURES/APPROVALS

TRAVELER: _____ Date: _____

DEPT. HEAD OR DESIGNEE: _____ Date: _____

SENIOR MANAGEMENT (Optional): _____ Date: _____

ADDITIONAL SIGNATURES REQUIRED FOR INTERNATIONAL TRAVEL

OFFICE OF SPONSORED PROGRAMS: _____ Date: _____