



Faculty/Academic Affairs Staff Travel Pre-Approval Form

Name: _____ Date: _____

Destination: _____

Name of Professional Meeting: _____

Depart Date: _____ Return Date: _____ P-Card Last 4 Digits: _____ (If applicable)

All expenses, EXCEPT for meals and fuel, may be charged to a p-card. Meals and incidentals will be reimbursed using per diem.

Fund Account: _____ Cross Faculty Dev: _____ BKT Grant: _____ Other: _____

Estimation of Expenses (please fill in all that apply)

Personal Vehicle (67/mile): \$ _____ (Crawfordsville Indy Airport 104 miles = \$9.68)

College Vehicle (.40/Mile): \$ _____

Flight/Baggage: \$ _____ Booked through Travel Coordinator? _____

Parking/Ground Transportation \$ _____

Hotel/Lodging \$ _____

Registration \$ _____

How many meals are provided by the conference and/or hotel

Breakfast # _____ Lunch # _____ Dinner # _____ All Meals _____

Meals:

Are you requesting reimbursement for meals? _____

* If yes, meals will be reimbursed at the per diem rate of 75% for the first and last day with a max of 5 days total. Receipts are not needed and any meals provided through a conference/meeting will be subtracted from the per diem reimbursement www.gsa.gov/travel/planbook/per-diem-rates

Meal Per Diem: Whole Day: \$ _____ First/Last Day (75%): \$ _____ Total Per Diem: \$ _____

Total Estimated Expenses: \$ _____

Hourly and Salary Staff Only:

Signature: _____ Fund Account: _____

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DOC Notes: Prof Travel Balance: \$ _____ FDC Balance: \$ _____ BKT Balance: \$ _____