Shaded area is for Travel Office use only

ARIZONA WESTERN COLLEGE TRAVEL REQUEST FORM

Traveler's Leg	al First and Last	: Name	AWC ID Number		Mobile Number	Pcard Travel Request		quest
Jane A Traveler			1234567		(928) 555-1234 No		Number	
Today's Date	Department		Admin Staff Name		Admin Staff Phone Number			
4/29/2016	Education		Joe Admin		47555			
Travel Purpose	Lodging Rate	Meal Rate	Host Hotel	Budget Code	Event Name			
Conference	\$149.00	\$49.00	Yes	10-0000-00000-5810	Annual Ed Conference	9		
Name(s) of Person(s) to Accompany You			Students on Trip # of Staff Traveling					
				🔵 Yes 🛛 💿 No	# of Students Traveling			
Departure Date	City, State		Time	Arrival Date	City, State	Time		
06/01/16	Yui	ma, AZ	8:00am	06/01/16	Phoenix, AZ	11:00am		
06/03/16	Pho	enix, AZ	6:00pm	06/03/16	Yuma, AZ	9:00pm		
			**					
Mode of Transit:	Persor	al Vehicle	*Spec	ify Mode of Transit:				
ESTIMATED COSTS Travel Office Use			TRAVEL ADVANCE (e-Travel Request form must be received by the Travel Office at least 8 business days prior to a check being issued)				Breakfast	\$10
Flight ⁺		Lunch					\$13	
Rental Vehicle		Registration Fees				Dinner	\$26	
Gas		_	Amount	\$125.00	Date Needed May 15, 2016			
Registration⁺	\$ 125.00	_	Payee	Ed Association			Ck#	
Mileage	\$ 158.42	_					Dt. Pd.	
Meals ⁺ *	\$ 137.00			Other Advance				
Lodging ⁺ *	\$ 300.00		Amount		Date Needed		Ck#	
Parking, Shuttle, Taxi*		_	Payee				Dt.Pd.	
			* <u>Advance to Traveler</u>					
		(lodging, meals, parking, shuttle, taxi, and other out-of-pocket expenses) Amount \$437.00 Date Needed May 25, 2016)	Ck#		
			Amount	\$437.00	Date Needed May 25, 2016		Dt. Pd.	
Total \$ 720.42 \$ -		Add'I Completed registration form attached to this request. Please register			se register	Date Approval		
⁺ Attach Supporting Documentation to Validate Costs			Information: me for discount by 5/15. After 5/15, fee goes up to \$200.				by Travel (Office
Driver's License # (if driving)			Budget					
			Codes, Omni Clause, etc.				Travel	
By submitting this e-Travel Request form you certify that the above listed driver's							Specialist	
license is valid as required by A.R.S. § 28-3151. Also, if driving a personal vehicle,			Submit this form (Excel format only) to your Supervisor for Approval.				Date	
your signature certifies that you have adequate liability insurance as required by A.R.S. § 28-4131.			Email Subject Line: Traveler's Last Name, Destination, and Departure Date. Please allow for up to 8				Form: 313-02	
				business days for processing after supervisor approval.				Rev: 04-29