



Revised

TRAVEL REQUISITION

Req. # Acct. # \$ Dept. Acct. # \$

Submit four (4) weeks prior to trip to allow for internal approvals, procedural compliance, and cost-effective trip planning. Email completed signed form to travel@newpaltz.edu and make a copy for your records. All requests for travel must be submitted on this form. Review travel policy at www.newpaltz.edu/travel. Attach additional documentation if clarification of trip is necessary. All gray areas must be completed prior to submitting this form and include purpose of the trip. Paper documents are no longer accepted.

Name (Last, First, MI), Title, Residence address, Departing address, Destination address, Departure (Date, Time, AM/PM), Return (Date, Time, AM/PM), Purpose for trip

ANTICIPATED EXPENDITURES

REGISTRATION

Alternate attendee name (required if pre-paying) (550030) \$ PREPAID BY STATE CREDIT CARD

TRANSPORTATION

Airfare, Train, Bus, Rental car: Confirmation #, Location, Personal car mileage, Car pooled (Travelers Name and REQ#)

LODGING (Over Per Diem) Hotel confirmation #:

Receipted (per diem) days x \$ /day, Un-receipted days x \$ /day

MEALS

Per Diem (overnight) days x \$ /day, \$5/\$12 (day trip) breakfast(s) @ \$, dinner(s) @ \$

INCIDENTAL EXPENSES

Parking \$, Taxi \$, Tolls/Bridges \$, Subway \$, Internet \$, Gas \$, Other (explain) \$ (540020) \$

TOTAL COST OF TRIP \$

*NOT TO EXCEED AMOUNT OF EXPENDITURE (Per department's discretion) \$

PREPAYMENTS REQUESTED (All requests required 30 days prior to travel):

- Cash Advance (Requires Travel Advance form) (Min \$100 - Max \$400), Airfare Reimbursement (Requires Prepaid Airfare form and paid receipt), Registration (Requires registration form, employee must pre-register), Lodging (Include confirmation number) (non-employees)

Persons who travel before obtaining all approvals do so at their own risk and may not be reimbursed for their travel costs.

APPROVALS

Traveler, Date, Traveler's Email, Date, Authorized Account Signature (if different from supervisor), Date, Traveler's Supervisor, Date, Authorized Account Signature (if additional accounts), Date, Authorized Out-of-State Signature, Date