



Samford University

Travel Request Form

Please complete this form in its entirety before submission. A signed copy will be returned to you after the request is approved by your direct supervisor. Charges should not be made until after the Travel Request Form has been approved. If additional index codes or funds related to Grants budgets are applicable, approval from those supervisors must be requested as well. If travel is related to Provost budget, include approval notice with supporting documentation. Student related travel will need to complete the Student Travel Form in addition to the Travel Request Form.

Name: _____ Date of Request: _____
 Department: _____ Date of Event: _____
 Business Purpose: _____ Sponsoring Organization: _____
 Name of Event: _____ Type of Travel: International Domestic
 Location of Event: _____ (complete international travel registration for abroad
 Reason For Travel: _____ trips - link included when checked)

Professional Development Conference/Meeting
 Athletics Events (Other than regular season team travel)

Other: _____

Other Faculty/Staff Attending: _____

Indicate if you are sharing a room and with whom: _____

Indicate if you are sharing a car with Samford affiliate and with whom: _____

ESTIMATED COST:

****** If another index code or funds related to Grants or Provost budgets are applicable, complete all costing information below in total and gather signatures/approvals for all funding sources involved. ******

P-Card Expenses:

<i>Air Travel</i>	<i>Conference Registration</i>	<i>Taxi/Uber</i>
<i>Lodging</i>	<i>Parking</i>	<i>Auto Rental</i>
<i>Travel Meals</i>	<i>Auto Fuel</i>	<i>Other:</i>

Reimbursement related expenses *****:

<i>Air Travel</i>	<i>Conference Registration</i>	<i>Taxi/Uber</i>	<i>Mileage</i>
<i>Lodging</i>	<i>Parking</i>	<i>Auto Rental</i>	
<i>Travel Meals</i>	<i>Auto Fuel</i>	<i>Other:</i>	

***** Any expenses paid prior to travel is not eligible for reimbursement until after the travel has finished *****

COMPARE: **Air:** \$ _____ **Auto Rental:** \$ _____ **Mileage:** \$ _____

****** Choose and claim most cost effective transportation. List all options when comparing the different methods of travel. Include documentation for all charges showing rates/prices at time of travel planning. ******

Air Travel Expenses:

Airfare:\$ _____ Baggage:\$ _____ Taxi/Uber:\$ _____

Parking:\$ _____ Other:\$ _____

List other related air travel expenses: _____

Auto Rental Expenses:

Rental Fees:\$

Auto Fuel (Estimated): \$

Parking: \$

Other:\$

List other related auto rental expenses:

Mileage Expenses:

Mileage(Based on IRS Mileage Rate): \$

Indicate reason if in excess of 750 miles round trip:

OTHER EXPENSES RELATED TO TRAVEL:

Conference Registration:\$

Travel Meals:\$

Domestic: \$59 Averaged per trip

Meal Breakdown: Breakfast - \$13, Lunch - \$15, Dinner - \$26, Incidentals - \$5

First/Last day: \$44.25 per IRS guideline

International: \$65 Per Diem

Meal Breakdown: Breakfast - \$14, Lunch - \$17, Dinner - \$29, Incidentals - \$5

First/Last Day: \$48.75

******Exclude any meals related to conferences or expected third parties/business meals. Meal breakdown is not the limit per meal but the deduction rate for excluding meals.******

To calculate deductions related to meals included in conferences or by third-parties, enter the number of meals that apply and the domestic or international rate. The deductions will auto calculate.

Meal	Number Included	Rate	Deduction
Breakfast		\$	\$
Lunch		\$	\$
Dinner		\$	\$
Total			\$

Lodging: \$

Other Miscellaneous expenses:\$

List other miscellaneous expenses:

TOTAL EXPECTED COSTS: \$

Department Budget:

Index Code:

Traveler Signature:

Supervisor Signature:

FY: Requested Amount:\$

Approved Amount:\$

FY: Requested Amount:\$

Approved Amount:\$

Other Index Budget (if applicable):

Index Code:

Traveler Signature:

Supervisor Signature:

FY: Requested Amount:\$

Approved Amount:\$

FY: Requested Amount:\$

Approved Amount:\$

Grant Related Budget (if applicable):

Index Code:

Traveler Signature:

Supervisor Signature:

FY: Requested Amount:\$

Approved Amount:\$

FY: Requested Amount:\$

Approved Amount:\$

Date Submitted:

Date Returned:

****All travelers and approvers are held responsible for knowing the policy and procedures associated with procedure 4.09.01 – Travel, Entertainment and Business Expenses. Your signature/approval, both original and electronic, state that you not only approve of the expenditure but also that it complies with Samford policy.****

Submit the Travel Request Form to invoices@samford.edu with a "\$" anywhere in the subject line after returning from trip/event. If applying for reimbursement, submit with Expense Reimbursement Report, including all supporting documentation.