

Office of Research and Economic Development: Request for Travel Authorization

Traveler Name/Vandal # _____ **Date of Request:** _____
Supervisor if Non-ORED Employee: _____ **Department/College/Zip:** _____

Employee Classification: (select one) **Faculty** **Exempt** **Classified** **Student** **IH**

Budget (activity code when applicable): _____ **Estimated Cost:** _____

Destination(s):

Departure Date and Time: _____ **Return Date and Time:** _____

Note: Please be sure that the estimated departure and return dates/times listed above include travel time so that your approved authorization will be in effect when you are actually traveling. Your ACTUAL departure and return dates/times will be used in calculating reimbursement.

Purpose/Justification:
 (Include Conference/Meeting Agendas)

Personal Leave Planned During Trip: **Yes** **No** If yes, please provide dates and locations:
 Note: If including personal days,
 1. You cannot use your UI purchasing card to book airfare, etc.
 You must use your own funds and request reimbursement.
 2. You must provide copies of actual itineraries and costs,
 with and without the personal days, for comparison.

Entertaining or Purchasing Alcohol: **Yes** **No** Note: Make sure to attach approved Entertainment forms.
 Forms are found here: <http://www.uidaho.edu/~media/Files/orgs/SCI/Biology/Entertainment-Expense-Approval-Form.ashx>

Request Travel Advance: **Yes** **No** If yes, list amount here: _____
 Note: Advances are limited to a maximum of 90% of travel cost.

<u>Departure Times:</u>	<u>Arrival Times:</u>	<u>In-State</u>	<u>Out-of-State</u>
7am and after-no breakfast	8am and before-no breakfast	B \$11.25	Calculated on
11am and after-no lunch	2pm and before-no lunch 7pm	L \$15.75	GSA Rates
5pm and after-no dinner	and before-no dinner	D \$24.75	
		\$45 Max	

Mileage Rate: Miles X \$0.535