Office of Research and Economic Development: Request for Travel Authorization

Traveler:	Today's Date:						
Index(es)	Department:						
	Estimated Cost: Include the cost of registration, mileage, and per diem.						
E Faculty	Exempt	t	Classi	fied [Student	TH	
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 traveling. Actual departure and return dates/ time will be used in calculating reimbursement.							
Destination(s) and							
Purpose/Justification:							
-							
Please include Conference and/or Meeting Agendas							
 Personal Travel Planned During the Trip: Yes No If yes, please provide dates and locations: Note: If including personal travel dates: Personal funds must be used for airfare purchases. A cost comparison for air flights must be created at the time of booking or making reservations for the days and method you would travel if you 							
 were not taking personal t See the Personal Travel Gu 	ravel.						
Entertaining or Pure	5	Yes Yes	No	and purchasing	: Be sure to attach approved Entertainment form if entertaining purchasing alcohol, and do not purchase alcohol on the pcard.		
Request Travel Advance:		Tes	NO	Note: Advances are limited to a maximum of 90% of travel cost. and not issued until 2 weeks before departure date.			
Remember when booking transportation to use the cheapest option. This includes choosing between flying out of a bigger airport (including mileage and parking fees) versus a smaller airport.							
PER DIEM RATES & MILEAGE INFORMATION							
Click for the <u>current mileage rates</u> Click for the <u>out-of-state</u> per diem rates Feel free to contact <u>ored-fiscalops@uidaho.edu</u>				In State B = \$8 L = \$18 D = \$29 \$55/day max	Authorizati the appro	hrome River Travel on must go through all val queues before any s are made for travel.	