



**** For AP use Only ****

Encumbrance No.

E

Students authorized to travel overnight on official Rowan University business.

Date: _____	Title: _____	Banner ID #: _____
Traveler's Name: _____	Email: _____	Phone #: _____
Mailing Address: _____	City: _____	State: _____ Zip Code: _____
Admin. Asst.: _____	Admin. Asst. Banner ID #: _____	Admin. Asst. Phone: _____
Admin. Asst. Email: _____	Dept. Name: _____	Dept. Building: _____

Destination City & State: _____ Conference Name: _____
Conference Dates: _____ Reason for Travel _____
List of other students / employees on the same mission: _____

SUPPORTING DOCUMENTATION REQUIRED: Please include one or more of the following: Conference brochure, registration form, or information printed from a website.

Date		Items	Description of Estimated Travel (In Detail) (Examples: Airline Name, Hotel name, Conference, Registration, Per Diem)		Estimated Cost
From	To				
		Mileage		Miles @	
Please note: Meals included as a part of the registration fee will be deducted from the per diem payment. Federal Domestic: US per diem rates IRS: Standard Mileage Rates				Estimated Travel Expenses	

I hereby certify that this travel request is an estimate of expenses that will be incurred while traveling on official Rowan University Business and is being submitted prior to traveling on official Rowan University Business.

Traveler Signature: _____ Date: _____ Amount Requested: _____

Index #	Fund #	Organization #	Account #	Program #	Amount

Account # 7215 is used for mileage expense.

Account # **7216** is used for employee travel and all other travel expenses (example: tolls, parking, registration, hotel and airfare). Account # **7217** is used for student travel.

Approved Amount to be Encumbered: \$

Department Head: _____ Date: _____ Amount Approved: _____

Division: _____ Date: _____ Amount Approved: _____

Grants: _____ Date: _____ Funds Available:

Accounts Payable: _____ Date: _____