

Student Domestic Travel Request

	** For AP use Only **	
	Encumbrance No.	
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Section 1 - Purpose										
Students authorized to travel overnight on official Rowan University business.										
Section 2 - T	Traveler's In	formation								
Date:			Title:	Ba	nner ID #:					
Traveler's Name:										
Mailing Address:					State:Zip Code:					
Admin. Asst.:			Admin. Asst. Banne	ner ID #:Admin. Asst. Phone:						
			Dept. Name:	Dept. Building:						
Section 3 - I	Destination &	Purpose								
Destination (City & State:	-	Conf	erence Name:						
				on for Travel						
		ployees on the same								
			lude one or more of the following: Co	onference brochure, registration for	rm, or informati	on printed from a website.				
Section 4 - I	Estimated Tr	avel Expenses (For	more information please	e visit: Travel Policy)						
Date Description of Estimated Travel (In Detail)							Estimated Cost			
From	To Items (Examples: Airline Name, Hotel name, Conference, Registration, Per Diem)		, Per Diem)	Estillated Cost						
		Mileage			Miles	@				
Please note: Meals included as a part of the registration fee will be deducted from the prederal Domestic: <u>US per diem rates</u> RS: Standard Mileage Rates				diem payment.	Estimated Travel Expenses					
Section 5 - T	Traveler Con	sent (Print and Sig	m)							
hereby certify		quest is an estimate of ex	expenses that will be incurred whi	le traveling on official Rowan	University Bu	usiness and is being sub	mitted prior to			
Fraveler Signature:				Date: Amount Requested:						
	Accounting I									
Index		Fund #	Organization #	Account #		Program #	Amount			
Account # 7216			travel expenses (example: tolls, p	Approved A	Amount to	be Encumbered:	\$			
· ,		Approvals (Print a								
Department Head:				Date:Amount Approved:		_				
Division:				Date:	_Amount A					
Grants:				Date:	_	Funds Availab	le:			
Accounts Payable:				Date:	_					