



Domestic Travel Request

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

Encumbrance No. E

Section 1 – Purpose

Employees, faculty, staff and others authorized to travel overnight on official Rowan University business affiliated with SGA.

Section 2 - Traveler's Information

Date: _____ Position: _____ Student Banner ID #: _____
 Traveler's Name: _____ Email: _____ Phone #: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 SGA Office Admin: Kathie Steinberg-Rose Admin. Banner ID: 915806092 SGA Admin. Phone: 856-256-4540
 SGA Admin. Email: sga@rowan.edu Club Name: _____ Dept. Building: Student Center

Section 3 - Destination & Purpose

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

SUPPORTING DOCUMENTATION REQUIRED: Please include a brochure, registration form, or information printed from a website which clearly shows conference/meeting dates and location.

Section 4 - Estimated Travel Expenses (For more information please visit: [Travel Policy](#))

Date		Expense Category	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 – please attach detail of how the requested per diem was calculated IRS: Standard Mileage Rates				Estimated Travel Expenses \$

Section 5 - Traveler Consent (Print and Sign)

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. [Travel waiver](#) attached.

Traveler Signature: _____ Date: _____ Amount Requested: \$ _____

Section 6 - Accounting Information

Index #	Fund #	Organization #	Account* #	Program #	Amount
	90000			30	
<small>*Account # 7215 is used for mileage expenses only; use Account # 7217 for all other student travel expenses. Account # 7216 is used for employee travel. Employee travel MAY NOT be paid via ProfLink; employees must submit an Expense report on Concur using the travel Encumbrance number.</small>					Approved Amount to be Encumbered: \$

Section 7 - Appropriate Approvals (Print and Sign)

Student Org. Officer: _____ Date: _____ Amount Approved: _____
 Faculty/Staff Advisor: _____ Date: _____ Date/Location document Per Diem calculation Waiver(s)
 SGA CFO: _____ Date: _____ Amount Approved: _____
 SFCB Advisor: _____ Date: _____
 Accounts Payable: _____ Date: _____