

WESTERN CONNECTICUT STATE UNIVERSITY  
REQUEST FOR PROFESSIONAL TRAVEL WORKSHEET

*TRAVEL AUTHORIZATION NEEDS TO BE COMPLETED AND RECEIVED IN THE ADMINISTRATIVE SERVICES OFFICE 2 WEEKS PRIOR TO THE TRIP*

Name:		Home Phone:	Banner ID:
Title:		Work Phone:	E-Mail:
<input type="checkbox"/> AAUP	<input type="checkbox"/> MGMT	<input type="checkbox"/> SUOAF-AFSCME	<input type="checkbox"/> OTHER (specify)
Itinerary – Travel most always starts from home and returns to home			
Travel From:		Depart on (date)	at (time)
Travel To:		Return on (date)	at (time)
Purpose of Travel: (Attach Conference Information to Travel Authorization)			
Are you flying out of Bradley Airport? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Parking Permit required from travel office, please check appropriate box on travel authorization			
Is the University pre-paying the registration fee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, the vendor FEIN is mandatory:			
Is a travel advance being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, up to 80% of the un-paid balance can be requested. \$			
<b>Lodging:</b> Please make every effort to obtain lowest cost possible  How many nights? _____ Cost per night? _____ Tax per night? _____ Total Cost      \$ _____ (transfer lodging cost to lodging line on right)		<b>Total Cost (Itemize)</b>  Airfare/Rail fare      \$ _____ Registration Fee      \$ _____ Rental Car*      \$ _____ Taxi/Limo      \$ _____ Parking/Tolls      \$ _____ Other (specify) _____ \$ _____ Lodging      \$ _____ Meals      \$ _____ Mileage      \$ _____ Total Cost \$ _____	
<b>Meals:</b> M&IE rates can be found at WWW.GSA.GOV  How many days are you traveling? _____ @ per diem \$ _____ Are any meals included in the conference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list meals included: _____ _____ No meals for one day trips		*Rental Car requests must be justified in writing on a Policy Exception Form and submitted with your travel authorization.	
<b>Mileage:</b> Insurance declaration page required for reimbursement  How many miles _____ X .55 cents per mile  Total Mileage \$ _____ (transfer mileage cost to mileage line on right)		Form Revised 2/09	
Approved: (Dean/Supervisor)		Account Number: (Banner Org)	Amount Approved: \$

**COMPLETE RULES AND INSTRUCTIONS REGARDING TRAVEL CAN BE OBTAINED FROM  
[WWW.WCSU.CTSTATEU.EDU/TRAVEL](http://WWW.WCSU.CTSTATEU.EDU/TRAVEL)  
OR CALLING THE ADMINISTRATIVE SERVICES OFFICE AT 837-8505**