

TRAVEL REQUEST FORM

Traveler's Name: PID#: Traveler's Title: Traveler's Home Address: Traveler's Email Address: Purpose of Trip:

Department Name: Marine Sciences Department Number: 318800 Department Contact: Accounting Office Department Telephone: 919-966-9256 Department Address: CB #3300, 3202 Venable Hall Destination: 1 = in-state; 2 = out-of-state; 3 = out-of-country Travel To: Period Beginning: Period Ending:

Part I TRAVEL AUTHORIZATION (to be completed prior to travel)

Table with columns: Ten Digit Account Number, Led, Account ID, Object, Amount, Estimated Cost (Subsistence - Meals, Subsistence - Room, Transportation Air Fare, Mileage), Prepay Registration To, Registration Fees, TOTAL ESTIMATED COST.

Travel Advance Agreement: I understand that any travel advance made by the University is a loan and that I am personally responsible for all monies so advanced to me. If a travel advance is obtained and the trip for which the advance is not taken, I agree to repay the advance immediately.

FORM & RECEIPTS DUE WITHIN 30 DAYS OF RETURN

Traveler's Signature / Date Disbursing Authority Signature / Date

Table with columns: In-State, Out-of-State, Breakfast (\$ 8.40), Lunch (\$11.00), Dinner (\$18.90), Lodging (\$71.20).

Part II TRAVEL REIMBURSEMENT (to be completed after travel)

Table with columns: Date, Travel (show each city visited), Transportation (Mode, Miles, Amount), Subsistence (Type, Amount, Daily Total), Other Expenses (Explanation, Amount). Includes Subtotal and TOTAL rows.

Table with columns: Ten Digit Account Number to be Charged, Led, Account ID, Object, Amount.

Table with columns: Amount, Travel Use Only. Includes rows for Total Expense, Total Advance, Amount Due - UNC, Amount Due - Traveler.

Under penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses and allowances incurred in the service of the State and that I have not claimed reimbursement for expenses paid or to be paid by another organization.

