

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: 919-962-1252
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) Date Advances:

Table with columns: Check it: Advance Requested, Enclosure Attache, Expenses Paid by Another Organization. Includes sub-tables for Estimated Cost and Amount.

Remarks:

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.

FORM & RECEIPTS DUE WITHIN 30 DAYS OF RETURN

Traveler's Signature / Date

Table with columns: In-State, Out-of-State. Rows: Breakfast, Lunch, Dinner, Lodging.

Disbursing Authority Signature / Date

Part II TRAVEL REIMBURSEMENT (to be completed after travel)

Date

Main reimbursement table with columns: Date, Travel (show each city visited), Transportation, Subsistence, Other Expenses.

Departure time on first day:
Arrival time on last day:

Summary table with columns: Subtotal, Subtotal from additional page(s), TOTAL.

Account# to be Charged:

Table with columns: Led, Account ID, Object, Amount.

If for foreign travel, Exchange Rate:

Enclosure Code:

Table with columns: Amount, Travel Use Only. Rows: 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.

Traveler Signature / Date

Disbursing Authority Signature / Date

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Continued from
No. _____
Date: _____

Traveler's Name: _____ PID# (SS if not PID) _____

Part II TRAVEL REIMBURSEMENT (to be completed after travel)

Day	Travel (show each city visited)		Transportation			Subsistence			Other Expenses	
	From	To	Mode	Miles	Amount	Type	Amount	Daily Total	Explanation	Amount
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
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			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Subtotal			Subtotal			Subtotal	