



Pre-approval/Authorization for Travel

Name: _____ ID #: _____

Purpose of trip: _____

Date	From	To	Hr of Depart	Hr of Return

Attach meeting or conference agenda with dates and times of function.

ENMU Vehicle (must have taken defensive driving course): available _____ unavailable _____

Personal Vehicle: _____ miles @ _____ per mile = _____

Overnight stay required: yes _____ no _____ (Hotel should be put on your purchasing card. If not available, you must turn in your receipt in order to be reimbursed.)

Meal Allowance: 4.0 - 5.9 hours \$ 6.50
 6.0 - 11.9 hours \$15.00
 12.0 - 24.0 hours \$30.00

How many meals will be provided: Breakfast ___ lunch ___ dinner ___ none ___ unsure ___
 Reduce meal allowance by... (\$6.50) (\$8.50) (\$15.00)
 (Continental breakfasts and receptions do not require a reduction in meal reimbursement)

Total Estimated Cost:

Transportation		Airfare	
Hotel		Other	
Meals		Total	

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

President Signature: _____ Date: _____

 *Don't forget to keep all itemized receipts.

*Complete the "Travel Voucher" within 5 days of return and attach this form as well as itemized receipts and agendas.