

COEHP Travel Request

Travel Information

Traveler name: Cash advance request: BU:

Address:

Purpose of trip: Destination:

Event dates: to Travel dates: to

Expected Expenses

List all anticipated travel expenses

	Paid with dept. t-card	or	Needs paid by check or OADA t-card	or	Personal reimb. or traveler card
Airfare:	<input type="text"/>	or	<input type="text"/>	or	<input type="text"/>
Personal car mileage:					<input type="text"/>
Rental car:	<input type="text"/>		or		<input type="text"/>
Registration:	<input type="text"/>	or	<input type="text"/>	or	<input type="text"/>
Meals:					<input type="text"/>
Lodging:			<input type="text"/>	or	<input type="text"/>
			<small>(Direct Bill for UA guest ONLY)</small>		
Misc: (Check all that apply)					
Parking:			Taxi:		
Internet:			Shuttle:		<input type="text"/>
			Bag fees:		
			Other:		
			Total estimated trip:		<input type="text"/>

Payment Information

Cost center name:	Cost center number:	QuickBooks category:	BASIS category:	% or \$

Detailed Trip Purpose

Signatures

Traveler signature: <input type="text"/>	Date:	<input type="text"/>
Approving signature: <input type="text"/>	Date:	<input type="text"/>
Dept. Head signature: <input type="text"/>	Date:	<input type="text"/>