

Counseling, Higher Education and Special Education Travel Approval Request

Date ____/____/____

FRS No. or Project Title to be charged _____

Name & Address of Traveler _____

Social Security Number ____-____-____

Telephone & E-mail Address _____

Purpose of Trip (Complete itinerary & brief description of trip)

Departure Date ____/____/____

Return Date ____/____/____

Departing From _____

Destination _____

Airline _____ Travel Agency _____ Travel by Car? ____

Estimated Costs:

Airfare \$ _____

Lodging & Housing _____

Food _____

Car Rental _____

Parking _____

Other: _____

Estimated mileage if
using personal car

_____ @ \$0.51 _____

Total Estimated Costs \$
=====

_____/_____

Approved Date Entered ELF

**NB: Keep all original receipts and boarding passes related to the trip for accounting
CSO 2/11**