

SOUTHERN UNIVERSITY A&M College
TRAVEL REQUEST CALCULATION FORM

Traveler's Name: _____
 Department/Program: _____
 Travel Destination: _____
 Travel Dates: _____

Registration Information:

Will you have to pay a Registration Fee? Yes No If, yes how much? _____
Date Due: _____

Please attach your registration invoice and login in information.

Rental Vehicle: *Compliance with the Office of Safety and Risk Management is required (Authorized Driver).*

1. If yes, please use the Online Portal to reserve rental and include rental information in travel package.

Will you need a Rental Vehicle? Yes No

2. Complete the Automobile Rental Request Form (required).

Total Rental Vehicle Expenses: _____

Airfare: Airfare quote is required. _____

Lodging: *Complete the Lodging Approval Letter when the lodging rate exceeds the GSA rate (required). Attach a copy of the GSA Rate.*

A) Room (nightly rate including taxes)	A) _____	
B) # of Days	B) _____	
Total Lodging Expense:	\$ _____	

Travel's Notes
Lodging Information Name of Hotel: _____

Per Diem: *Complete Meal Calculation Form on website. Refer to GSA Rate for travel destination and attach a copy.*

Total Per Diem Expense: _____

<input type="checkbox"/> Conference Hotel <small>(Proof of conference hotel required)</small>
Nightly Rate: _____

Other Expenses: Receipts required for reimbursement

Baggage: _____
 Gas: (original receipt required for reimbursement) _____
 Parking/Tolls: _____
 Mileage: (attach mapquest, google maps, etc.) _____
 Ground Transportation: (detailed receipt is required) _____
 Other: (please list) _____

Total Other Expenses: \$ _____

Total Estimated Cost: \$ _____

<input type="checkbox"/> Non-Conference Hotel
GSA Rate: _____
Nightly Rate: _____

For Travel Dept Use Only	
CBA Charges	
<input type="checkbox"/> Airfare	
<input type="checkbox"/> Lodging	
<input type="checkbox"/> Registration Fee	
<input type="checkbox"/> Rental Vehicle	

Signature of Traveler

Signature of Travel Reviewer