



## Travel Request Form, (TR)

Business Unit: <b>TR784</b>		Travel Request No:		Today's Date:	
Traveler's Name (Last, First):			Date of Birth:		Gender:
Vendor ID#:		Phone:		Traveler Email:	
Job Title:		Designated HQ:		Destination:	
Dept. Contact:		Phone:		Email:	

Classification of Traveler (check one)		
UHD Employee	Prospective Employee	University Guest (not paid for services)
UHD Student	Contractor (paid for services)	Other (describe)

Additional Employee Travel Information (This section only applies to employee travelers)	
Will any days be spent primarily on non-business activities?	If yes, provide dates
Is any of employee salary paid from federal grant and/or is employee a PI with a federal grant?	If yes, ORSP must approve.

Itinerary (If additional space needed please attach a Travel Information Request Form.)		
Departure Date:	Return Date	Hotel
Outbound Flights:	Inbound Flight:	Car:

Estimated Travel Expenditures			
	Local Funds	State Funds	Total Funds
Airfare: Prepaid by UHD Travel Office    Paid by traveler & reimbursed			
Other travel expenses direct-billed to UHD: Car    Hotel    Registration			
Travel expenses to be reimbursed by UHD			
Total expenditures to be paid or reimbursed by UHD			

% or amount of travel expenditures to be paid / reimbursed by non-UHD third party: % Amount:

DART/HOTEL MasterCard Information **PRE-APPROVAL REQUIRED**			
MasterCard for Student Group Travel	Emergency ( <b>MANDATORY</b> )	Incidentals	
MasterCard for Individual Travel	Emergency	Hotel Only	Declined

Itemization of Estimated Travel Expenditures							Stamp Here
	Fund	Dept ID	Program	Project	Account#	Amount	
Airfare							
Hotel							
Meals							
Registration							
<b>Total:</b>							

**Purpose/Benefit of Travel:**

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Travel Advance (Student Group ONLY)		Insurance Purposes ONLY			Stamp Here
Authorizations:	Print Name	Sign Name	Date		
Traveler	_____	_____	_____		
Supervisor	_____	_____	_____		
Unit Head/P.I.	_____	_____	_____		
Business Administrator	_____	_____	_____		
Office of Sponsored Programs	_____	_____	_____		
Vice President/Designee	_____	_____	_____		
President/Chancellor/Designee	_____	_____	_____		
Travel Department	_____	_____	_____		

Please note amounts on TR are ESTIMATES ONLY and may not reflect actual reimbursement paid on audited Travel Voucher