

TA Request should be submitted AT LEAST one month prior to trip.

# Travel Form

TR's may take up to two weeks to process reimbursements.

Name: \_\_\_\_\_ A#: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Department: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Return Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Destination City: \_\_\_\_\_

Reason for Travel/Purpose: \_\_\_\_\_

Additional Travelers: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Travel Authorization (TA)** **OR**  **Travel Reimbursement (TR)**  
(estimated expenses before trip) (actual expenses after trip)

Index number to charge: A \_\_\_\_\_  
Percent or Amount: \_\_\_\_\_

Index number to charge: A \_\_\_\_\_  
Percent or Amount: \_\_\_\_\_

Airfare: \_\_\_\_\_

Transportation: \_\_\_\_\_  
(Taxi/Bus/Shuttle in destination city)

Registration: \_\_\_\_\_

Parking: \_\_\_\_\_

Lodging: \_\_\_\_\_

Misc. fees: \_\_\_\_\_  
(baggage, rental car, etc.)

Mileage: \_\_\_\_\_

Motor Pool Vehicle: \_\_\_\_\_

Salt Lake Express Shuttle: \_\_\_\_\_

International Travel:  No  Yes (SOS insurance)

Per Diem (list number of MEALS PROVIDED/included in registration):

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Notes/Information:

Please return this completed form and ALL OF YOUR RECIEPTS to Jennifer Lyons at [jennifer.lyons@usu.edu](mailto:jennifer.lyons@usu.edu)