

Tennessee Technological University

Cookeville, Tennessee

DEPARTMENTAL TRAVEL REQUISITION

COAS Index Fund Organization Account Program Activity

College or School _____

Department of _____

Submitted by _____

Nature of Proposed Travel: ☐ In State ☐ Out of State ☐ Out of Country

Purpose: _____

Type of Travel: (Check one)

(a) ☐ Job Performance _____

Description of Job Relation

☐ (b) Professional meeting or Conference
(other than presenter or officer)

Number Previously Attended in current Fiscal Year

Place: _____ Dates: _____

Method of Travel: ☐ University Car ☐ Personal Car ☐ Plane ☐ Bus ☐ Other

Air Travel Approval Form ☐ Yes ☐ No

Mileage _____ Miles @ _____

Fare

Lodging Number of Nights _____ @ _____

Meals Number of Days _____ @ _____

Number of Days _____ @ _____

Registration Fee

Miscellaneous Reimbursable Expense

TOTAL ESTIMATED EXPENSE

Total Actual Expense for Which Reimbursement is Requested

Less: Travel Advance

Amount of Reimbursement

If two or more employees are traveling together list other names:

*Adjust for difference on next requisition: TNUMBER _____

SIGNED _____

Claimant

ACTION:

APPROVED: _____
Department Chairperson/Director Date

APPROVED: _____
Dean or Administrative Officer Date

APPROVED: _____
Vice President for Business and Fiscal Affairs Date

APPROVED: _____
President or Provost Date

Advance
Registration _____ Date

Car Rental _____ Date

Travel Advance _____ Date

Reimbursement _____ Date