



Academic Faculty/Staff Travel Pre-Approval Form

Name: _____

Date: _____

Destination: _____

Purpose of Trip: _____

Depart Date: _____

Return Date _____

Fund Account:

Dean's Professional Travel: _____ Coss Faculty Dev: _____ BKT Research Grant: _____ Other: _____

Transportation/Hotel: (please fill in all that apply)

Mileage: _____ x.58/mile = \$ _____ (Crawfordsville-Indianapolis Airport 100 miles= \$58.00)

Flight/Baggage: \$ _____

Parking/Ground Transportation \$ _____

Hotel/Lodging: \$ _____

Conference Travel:

Registration \$ _____

How many meals are included in the registration cost?

Breakfast # _____ Lunch # _____ Dinner # _____ All Meals _____

Meals:

Are you requesting reimbursement for meals? _____

**If yes, meals will be reimbursed at the per diem rate of 75% for the first and last day of travel with a max of 5 days total. Receipts are not needed and any meals provided through a conference/meeting will be subtracted from the per diem reimbursement. www.gsa.gov/travel/plan-book/per-diem-rates*

Meal Per Diem: Whole Day: \$ _____ First/Last Day (75%): \$ _____

Total Estimated Expenses: \$ _____

Traveler's Signature: _____

Dean of the College's Office Signature of Approval: _____

Dean's Office Notes:

Dean's Professional Travel Balance: \$ _____ Coss Faculty Development Balance: \$ _____

BKT Research Grant Balance: \$ _____