



Academic Faculty/Staff Travel Pre-Approval Form

Name: _____

Date: _____

Destination: _____

Purpose of Trip: _____

Depart Date: _____ Return Date _____

P-Card Last 4 Digits _____ (If applicable)

All expenses, EXCEPT for meals, may be charged to a p-card. Meals and incidentals will be reimbursed using per diem.

Fund Account: Dean's Prof Travel: _____ Coss Faculty Dev: _____ BKT Grant: _____ Other: _____

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

Personal Vehicle (.575/mile): \$ _____ (Crawfordsville-Indy Airport 100 miles= \$57.50)

College Vehicle (.40/Mile): \$ _____

Flight/Baggage: \$ _____ Booked through Travel Coordinator? _____

Parking/Ground Transportation \$ _____

Hotel/Lodging: \$ _____

Conference Travel:

Registration \$ _____

How many meals are included in the registration and/or hotel 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 Per Diem: \$ _____

Total Estimated Expenses: \$ _____

Traveler's Signature: _____

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

Dean's Office Notes:

Prof Travel Balance: \$ _____ FDC Balance: \$ _____ BKT Balance: \$ _____