Travel Summary Form

Name_____Empl ID # _____

Dept _____Stop # _____

Purpose of Trip   _____

Destination   _____

Departure Date   _____Time   _____(If flying, time left for airport)

Return Date   _____Time   _____

Dates of Travel	Meals Not Provided			Lodging Reimbursement		Personal Vehicle Mileage
	Breakfast 6-11:59am	Lunch 12-5:59pm	Dinner 6pm-12am	Yes	No	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
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	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	

Lodging Fee: $_____   **Parking Fee:** $_____

Flight Fee: $_____   **Conference Fee:** $_____

Luggage Fee: **Shuttle/Taxi:**

Outbound Flight $_____   Arrival $_____

Return Flight $_____   Departure $_____

(Justification for additional bags)

Funding: _____

Other Comments:

_____

Date

Attach receipts and conference agenda.