

Facilities Operations

APPALACHIAN STATE UNIVERSITY®

Travel PRE-Approval Request for Funding - Facilities Operations

TRAVELER'S NAME _____ DATE: _____

TRAVELER'S BANNER ID # _____ CONFERENCE DATES _____

ATTACH AGENDA & REGISTRATION FORMS

CONFERENCE REGISTRATION FEE \$ _____ REGISTRATION DUE DATE: _____

CONFERENCE LOCATION _____

BUSINESS PURPOSE _____

LEAVE DATE: _____ TIME: _____ RETURN DATE: _____ TIME: _____

LIST BELOW ANY TRAVELERS WHO ARE NOT REQUESTING TRAVEL FUNDS:

LIST BELOW MEALS THAT ARE INCLUDED IN THE CONFERENCE REGISTRATION AND ATTACH A COPY OF THE CONFERENCE AGENDA TO THIS REQUEST

FEE: (B = breakfast; L = lunch; D = dinner)

DATE: _____ DAY 1: _____

DATE: _____ DAY 2: _____

DATE: _____ DAY 3: _____

DATE: _____ DAY 4: _____

DATE: _____ DAY 5: _____

DATE: _____ DAY 6: _____

DATE: _____ DAY 7: _____

HOTEL COST: \$ _____ # OF NIGHTS _____

**PLEASE NOTE IT IS YOUR RESPONSIBILITY TO MAKE HOTEL/MOTEL
ARRANGEMENTS.**

ROOMING WITH (If Applicable) _____

MOTOR POOL SEDAN/VAN RENTAL VEHICLE REQUEST? **YES OR NO**

IF YES, ESTIMATE MILEAGE _____

PERSONAL CAR MILEAGE _____ **Travel Advance Requested - YES ___ NO ___**

**Note: Travel Advances must be processed 3 weeks prior to travel and cannot be issued for
travel expenses under \$500**

AIRFARE? YES ___ NO ___ IF YES, AMOUNT OF AIRFARE \$ _____

SUPERVISOR APPROVAL

_____ DATE: _____

FACILITIES SUPERINTENDENT/CAMPUS SERVICES DIRECTOR APPROVAL

_____ DATE: _____

FACILITIES OPERATIONS DIRECTOR APPROVAL

_____ DATE: _____