

TA Request should be submitted AT LEAST
one month prior to trip.

Travel Form

TR's may take up to two weeks to
process reimbursements.

Name: _____ A#: _____ Date: _____

Email: _____ Phone: _____ Department: _____

Departure Date: _____ Location: _____ Time: _____ ☐ a.m. ☐ p.m.

Return Date: _____ Location: _____ Time: _____ ☐ a.m. ☐ p.m.

Destination City: _____

Reason for Travel/Purpose: _____

Additional Travelers: _____

Emergency Contact: _____

☐ **Travel Authorization (TA)** **OR** ☐ **Travel Reimbursement (TR)**
(estimated expenses before trip) (actual expenses after trip)

Index number to charge: A _____
Percent or Amount: _____

Index number to charge: A _____
Percent or Amount: _____

Airfare: _____ -- None --

Transportation: _____ -- None --
(Taxi/Bus/Shuttle in destination city)

Registration: _____ -- None --

Parking: _____ No

Lodging: _____ -- None --

Misc. fees: _____ -- None --
(baggage, rental car, etc.)

Mileage: _____ No

Motor Pool Vehicle: _____ No

Salt Lake Express Shuttle: _____ -- None --

International Travel: ☐ No ☐ Yes (SOS insurance)

Per Diem (list number of MEALS
PROVIDED/included in registration):

Breakfast: _____

Lunch: _____

Dinner: _____

Notes/Information:

Please return this completed form and ALL OF YOUR RECEIPTS
to **Annalee Ward** at annalee.ward@usu.edu, 7-0339

Submit