

# Travel Request Form



(This form must be completed and approved prior to incurring any reimbursable travel expenses or beginning any travel on behalf of the University.  
This form should reflect the total estimated cost for the entire trip the traveler is requesting reimbursement from the University.)

1. Travelers Name		2. Banner ID #		3. Department		4. Today's date		
5. Was the travel included in the department's budget? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no Justify below</i>								
6. Purpose of Trip/Justification for unbudgeted travel:								
7. Destination (cities, state, country (if international))								
	Date mm/dd/year	Time (hh:mm AM/PM)	From	To				
Departure:								
Other:								
Return:								
<i>Office of Sponsored Research Approval</i>								
8. Is travel funded by a Sponsored Project? <input type="checkbox"/> Yes				Signature		Budget Available		
8A. Is travel funded by the Trustee Scholarship Endeavor Program? <input type="checkbox"/> Yes <i>If "yes" attach copy of award letter</i>								
<b>Estimated Cost of Travel</b>								
9. Please fill in where the department budgeted these expenses and/or where the department is requesting the charges be reflected.								
Fund		Organization		Activity (if applicable)				
10. Description							Account	Cost
Airline Name:		Seat Class:				731060		
Mileage: (if using own transportation)		# of miles:		X .555 cents		731010		
Hotel Name:		# of Nights:		X cost per night		731070		
Meals:		# of Meals:		X daily meal cost		731080		
Car Rental Co:		# of Days:		X Daily rate		731050		
Fees: (Conference Registration fees, seminar fees)				<input type="checkbox"/> 728020 <input type="checkbox"/> 728030				
Other: (explain)								
Other: (explain)								
<b>Total Estimated Costs:</b>								
<b>Special Approval Request for a Travel Advance</b>								
Are you requesting a travel advance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount requested		CFO Approval		Amount approved		
<i>Note: If there is an approved advancement, please forward a fully approved copy of this Travel Request Form to Accounts Payable for processing.</i>								
I hereby certify this travel is for the official business of Hawai'i Pacific University and will be performed for the purpose stated. I request authorization to travel for the University and to be reimbursed for expenses in accordance with University's travel policies.								
Travelers Name		Traveler's Signature			Phone #		Date	
Supervisor's Name		Supervisor's Signature (if required by dept)			Phone#		Date	
Director/Dept Chair		Director/Dept Chair Signature- less than \$500			Phone#		Date	
Deans/ Assistant or Associate VP		Deans/ Assistant or Associate VP- \$500 or over			Phone#		Date	
Divisional VP		Divisional VP Signature - \$2,500 and over			Phone#		Date	
President's travel - CFO's Signature				Additional Signature - \$5,000 and over		Date		
Divisional VP's travel - President's signature								

A copy of the Approved Travel Request Form must be attached to the Travel Expense Reimbursement Form with original receipts and submitted to the Business Office within 10 days of the return date on this form.