



Individual Request for Travel Form  
Agency 36.02.29

Accounts Payable Department  
P.O. Box 2195  
Salisbury, MD 21802-2195

Type of Travel: ☐ In-State

☐ Out-of-State

☐ Foreign

Employee Name: \_\_\_\_\_

Empl ID: \_\_\_\_\_

Office/Dept: \_\_\_\_\_

Phone: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Travel: ☐ Instruction ☐ Business ☐ Professional Development ☐ Recruitment ☐ Other

Specific Purpose: \_\_\_\_\_

Travel Dates/Times: Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ am/pm Return Time: \_\_\_\_\_ am/pm

Method of Travel: ☐ State Vehicle

☐ Private Vehicle

☐ Bus

☐ Train

☐ Plane

Individual Estimated Costs:

Registration Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Tolls: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

Total: \_\_\_\_\_

Accounts Payable Use Only

Prepaid

	<u>Amount</u>	<u>Pmt Method</u>	<u>Ref #</u>
Registration Fee:	_____	_____	_____
Airfare:	_____	_____	_____
Mileage:	_____	_____	_____
Lodging:	_____	_____	_____
Meals:	_____	_____	_____
Tolls:	_____	_____	_____
Miscellaneous:	_____	_____	_____
Total:	_____		

Employee Signature

Date

Amount Approved

Dept Code to be Charged

Authorized Signatures/Date

Supervisor

Date

Budget Administrator

Date

Budget Administrator

Date

Dean/Director

Date

Provost/Vice President/President

Date

Sponsored Programs Office

Date

THIS APPROVED TRAVEL FORM MUST BE ON FILE IN THE ACCOUNTS PAYABLE OFFICE, HH218  
PRIOR TO YOUR TRAVEL.