

# Department of Nursing and Health

## Professions travel request

All travel must be authorized and approved PRIOR to travel. Complete form and submit to department head for approval signature. Once request is approved, it will be submitted for processing. Do not incur any travel related expenses until you have received the "Travel Authorization Approval Request" email from the Travel Office.

Name: \_\_\_\_\_ A#: \_\_\_\_\_ Date: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Travel: DEPART \_\_\_\_\_ at \_\_\_\_\_ a.m. p.m. RETURN \_\_\_\_\_ at \_\_\_\_\_ a.m. p.m.

Destination: \_\_\_\_\_ Reason for Travel: \_\_\_\_\_  
City, ST Conference / Meeting / Purpose

Others in Party: \_\_\_\_\_

Emergency Contact Information (name & phone number): \_\_\_\_\_

### Cost Estimate -- MUST be completed

Index # to be charged

If not applicable enter "0".

p-card

p-card

Registration: \$ \_\_\_\_\_

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

Airfare: \$ \_\_\_\_\_

Parking: \$ \_\_\_\_\_

Taxi/Bus/Shuttle (in destination city): \$ \_\_\_\_\_

Misc (Baggage, Rental Car, etc.) : \$ \_\_\_\_\_

# of Meals Included in Registration / Provided: B \_\_\_\_\_ L \_\_\_\_\_ D \_\_\_\_\_ TA total \$ \_\_\_\_\_

### Arrangements

**Local Travel**

No Need

Motor Pool Vehicle (Schedule by calling 797-3145.)

Own Vehicle (Reimbursed at \$0.485 per mile from USU to destination.) What is your point of origin? \_\_\_\_\_

**Registration**

No Need

I will arrange and pay for my registration and receive reimbursement.

I would like registration charged to the department p-card.

**Airfare**

No Need

I will arrange and pay for my flight and receive reimbursement.

I would like the flight charged to the department travel card (Expedia, Travelocity, Airline site, etc.). How does your name appear on your drivers license \_\_\_\_\_ D.O.B. \_\_\_\_\_

I would like the flight charged to the TA (Christopherson Travel only).

**Travel to Airport**

No Need

Salt Lake Express Shuttle (Arrange and pay for personally and receive reimbursement.)

Own Vehicle (Reimbursed at \$0.485/mile as per USU policy.)

**Notes:**

**\*\*If you are attending a conference please attach a copy of the agenda/brochure**