

TRAVEL REQUEST FORM

Traveler's Name: _____
 PID#: _____
 Traveler's Title: _____
 Traveler's Home Address: _____

 Traveler's Email Address: _____
 Purpose of Trip: _____

Department Name: **Curriculum in Environment and Ecology**
 Department Number: **318500**
 Department Contact: **Accounting Office**
 Department Telephone: **919-962-1270**
 Department Address: **CB #3275, 3301 Venable Hall**
 Destination: 1 = in-state; 2 = out-of-state; 3 = out-of-country
 Travel To: _____
 Period Beginning: _____ Period Ending: _____

Part I TRAVEL AUTHORIZATION (to be completed prior to travel) Date _____ Advances: _____

Check if: Advance Requested Enclosure Attache Expenses Paid by Another Organization

Ten Digit Account Number (for encumbrance)			Estimated Cost			Amount
Led	Account ID	Object	Amount	Subsistence - Meals	Days at \$	
				Subsistence - Room	Days at \$	
				Transportation Air Fare		
				Mileage:	Miles at	¢53.5
Prepay Registration To:				Registration Fees:		
NOTE: Attach copy of registration form				TOTAL ESTIMATED COST		

Remarks: _____

Travel Advance Agreement: I understand that any travel advance made by the University is a loan and that I am personally responsible for all monies so advanced to me. If a travel advance is obtained and the trip for which the advance is not taken, I agree to repay the advance immediately. I understand that I have up to ten days following completion of the trip to repay the advance. In the event I fail to repay the amount of the advance, then I agree that the University may notify the Payroll Office to deduct the amount from the next salary check due to me. **I hereby subscribe by my own hand and acknowledge that I have read the above carefully and agree to its terms and conditions.**

FORM & RECEIPTS DUE WITHIN 30 DAYS OF RETURN

Traveler's Signature / Date _____

 Disbursing Authority Signature / Date _____

	In-State	Out-of-State
Breakfast	\$ 8.40	\$ 8.40
Lunch	\$11.00	\$11.00
Dinner	\$18.90	\$21.60
Lodging	\$71.20	\$84.10

Part II TRAVEL REIMBURSEMENT (to be completed after travel)

Date _____

Date	Travel (show each city visited)		Transportation			Subsistence			Other Expenses	
	From	To	Mode	Miles	Amount	Type	Amount	Daily Total	Explanation	Amount
			Air			Breakfast			Registration fees	
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Subtotal			Subtotal			Subtotal	
			Subtotal from			Subtotal from			Subtotal from	
			additional page(s)			additional page(s)			additional page(s)	
			TOTAL			TOTAL			TOTAL	

Departure time on first day: _____
 Arrival time on last day: _____

Ten Digit Account Number to be Charged			
Led	Account ID	Object	Amount

If for foreign travel, Exchange Rate: _____ Enclosure Code: _____

	Amount	Travel Use Only
Total Expense		
Total Advance		
Amount Due - UNC		
Amount Due - Traveler		

Under penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses and allowances incurred in the service of the State and that I have not claimed reimbursement for expenses paid or to be paid by another organization. **Unless I have marked out this sentence, I voluntarily give permission to the University to electronically deposit my travel reimbursement to the bank account I use for Payroll direct deposit or another bank account I have indicated on Form TR-3 Direct Reimbursement Deposit Authorization. I have examined this reimbursement and certify that it is just and reasonable.**

Traveler Signature / Date _____ Disbursing Authority Signature / Date _____
 TR-1 excel version (07/99) Travel Authorization/Reimbursement

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Continued from
No. _____
Date: _____

Traveler's Name: _____ PID# (SS if not PID) _____

Part II TRAVEL REIMBURSEMENT (to be completed after travel)

Day	Travel (show each city visited)		Transportation			Subsistence			Other Expenses	
	From	To	Mode	Miles	Amount	Type	Amount	Daily Total	Explanation	Amount
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Lunch				
			Taxi			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Air			Breakfast				
			Car			Lunch				
			Ground			Dinner				
			Other			Room				
			Subtotal			Subtotal			Subtotal	