

TRAVEL REQUEST FORM

Traveler's Name: \_\_\_\_\_  
 PID#: \_\_\_\_\_  
 Traveler's Title: \_\_\_\_\_  
 Traveler's Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Traveler's Email Address: \_\_\_\_\_  
 Purpose of Trip: \_\_\_\_\_  
 \_\_\_\_\_

Department Name: **Environment, Ecology and Energy Program**  
 Department Number: **318500**  
 Department Contact: **Accounting Office**  
 Department Telephone: **919-962-1270**  
 Department Address: **CB #3275, 3202 Murray/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:	Rate: 0.575/mi if <100 or 0.33/mi if <100
Prepay Registration To:				Registration Fees:	
				TOTAL ESTIMATED COST	

NOTE: Attach copy of registration form

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 \_\_\_\_\_

	In-State	Out-of-State
Breakfast	\$ 8.60	\$ 8.60
Lunch	\$11.30	\$11.30
Dinner	\$19.50	\$22.20
Lodging	\$75.10	\$88.70

Disbursing Authority Signature / Date \_\_\_\_\_

**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: \_\_\_\_\_

Account# 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 \_\_\_\_\_

