



RCSD TRAVEL CONTROL FORM
 REQUEST FOR BUSINESS PRE-AUTHORIZATION OF EMPLOYEE TRAVEL

INVOICE NO.

BUDGET CODE:

ACCOUNT (OBJECT)	FUND	ORGANIZATION (LOCATION)	PROGRAM (FUNCTION)	SUB-CLASS (PROJECT)	PROJECT NUMBER

PRINCIPAL/ DEPT. MANAGER'S APPROVAL _____ GRANT MONITORS APPROVAL _____

DATE: 00/00/00
 NAME: FIRST _____ MIDDLE _____ LAST _____
 HOME ADDRESS (# STREET, CITY, ZIP CODE) _____

WORK LOCATION _____ PHONE _____
 DESTINATION/CITY-STATE _____ DATES OF TRAVEL _____ PURPOSE OF TRAVEL _____

AIRLINE RESERVATIONS:

AIRLINE FARE: \$ _____	DEPARTURE DATE: _____	FROM: _____	TO: _____	DEPARTURE TIME: _____	ARRIVAL TIME: _____	CAR RENTAL FEE: _____
	DEPARTURE DATE: _____	FROM: _____	TO: _____	DEPARTURE TIME: _____	ARRIVAL TIME: _____	

HOTEL EXPENSES:
 No. of Nights _____ @ \$ _____ = _____
 HOTEL NAME AND ADDRESS: _____
 MAKE CHECK PAYABLE TO: _____
 COMPANY NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____

REGISTRATION FEES:
 \$ _____
 To expedite process, provide vendor number _____. If there is no vendor number, a completed W-9 Form is required.

Other miscellaneous expenses to be reimbursed TO EMPLOYEE after travel	BAGGAGE CLAIM	MEALS	TAXI	TOLLS/PARKING	SHUTTLE
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

MILEAGE= # OF MILES _____ X RATE _____¢ = \$ _____
 TOTAL ESTIMATED CONFERENCE EXPENSES: \$ _____

COMMENTS:

