

In-State or Out-of-State Travel Request and Justification					Employee <input type="checkbox"/> Student <input type="checkbox"/>	
Name:		Department / Contact Name & Phone:		Banner ID:		
Address (if not Dept.)		Departure Date:		Return Date:		
Where/Why						
Mode of travel: <input type="checkbox"/> Airline <input type="checkbox"/> Private Car <input type="checkbox"/> State Car <input type="checkbox"/> Rental Car <input type="checkbox"/> Railroad						
Teaching assignments will be covered by:						
Transportation	Meals	Lodging	Registration	Other	Total	
					\$	
SOURCE OF FUNDS:						
Univ/G&C/Station/Extension		Other		Index No	\$ _____ Amount	
Request for Travel Advance: I, the traveler/advisor, understand that this is an advance and shall be used only for travel purposes. I will file a Travel Expense Voucher within ten (10) days after returning, and will follow all rules & regulations set forth by the State of Montana. Failure to file a Travel Expense Voucher with all supporting documentation will cause a financial obligation to me. (submit original and copy of BPA for processing) MINIMUM ADVANCE \$50						
Private or Rental Car	Lodging	Meals	Misc.	Total	% allowed	Advance requested
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	X 80%	\$ _____
		Airfare		\$ _____	X 100%	\$ _____
		Registration		\$ _____	X 100%	\$ _____
					Total requested: \$ _____	
Index #	Univ _____	AES _____	ES _____	G&C/Other _____		
Account #	Acct# _____	Acct# _____	Acct# _____	Acct# _____		
Total \$	\$ _____	\$ _____	\$ _____	\$ _____		
Request for Actual Cost Lodging – In-State/Out-of-State						
In-State (check <u>one</u>)				Out-of-State (<u>all</u> must apply)		
<input type="checkbox"/> The city is listed on the high cost listing provided by the Department of Transportation <input type="checkbox"/> Lodging costs have temporarily escalated due to special function (list function) <input type="checkbox"/> Emergency travel arrangement precluded being able to find accommodations at state rate. List emergency <input type="checkbox"/> Remote locations with limited accommodation within a 15-mile radius preclude obtaining accommodations at state rate				<input type="checkbox"/> Government rates were requested and were not available at the hotel where the employee is staying <input type="checkbox"/> Government rates are not available at another hotel within a reasonable distance from the convention hotel <input type="checkbox"/> Reimbursement at actual cost is within the appropriation level authorized by the agency		
Rate to be approved: _____				Rate to be approved: _____		
Employee Signature					Date:	
Supervisor/Advisor/PI					Date:	
Dept head					Date:	
Dean/Director/VP					Date:	
G&C/AES/ES					Date:	