

# WSU COLLEGE OF NURSING TRAVEL REQUEST

Travel Request: TA # \_\_\_\_\_ Date: \_\_\_\_\_

## Personal, Billing, and Travel Information

BPPM 95.01: Travelers are to select the travel alternative that is most economical to the state.

Traveler Name \_\_\_\_\_

WSU ID # \_\_\_\_\_

Email \_\_\_\_\_

Budget for Travel Expenses \_\_\_\_\_ Grant Travel Yes No

Home Mailing Address \_\_\_\_\_

**Purpose of Travel**

*Research, Outreach, Teaching, or Training*

**Attach Conference Agenda**

*Please list entire trip dates including personal travel: List personal travel days separately*

Destination \_\_\_\_\_

Departure Date and Time \_\_\_\_\_

Return Date and Time \_\_\_\_\_

## Estimate of Travel Expenses

Employee is responsible for making all reservations after TA approved  
Need ORIGINAL Receipts for Reimbursement

Estimated Expense

**Transportation** *(traveler may be reimbursed at the most economical rate)*

	Rental Car	Motor Pool	Personal Car	\$ _____
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**Parking** *(example: meter, airport, hotel, destination)*

	\$ _____
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**Ground Transportation** *(example: taxi, shuttle)*

	\$ _____
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**Airfare** *(must be purchased through Central Travel Account (CTA). Contact Finance Travel)*

	\$ _____
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**Lodging** *(Request State Rate)*

	\$ _____
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**Meals** *(per diem does not apply if meals furnished with conference fee or at meetings.)*

	Breakfast	] Lunch	Dinner	\$ _____
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**Conference Registration Fee** *(Personal Funds reimbursed following travel)*

	Purchase Card	Personal Funds	\$ _____
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**Additional Expenses/Notes** \_\_\_\_\_ \$ \_\_\_\_\_

**Total Estimated Cost** \$ \_\_\_\_\_

Traveler - Please click "SUBMIT" to email this form to [nursing.travel@wsu.edu](mailto:nursing.travel@wsu.edu).  
You are able to attach any necessary documentation to the email before sending.  
The Travel Fiscal Specialist will forward to the budget approver and your supervisor for signatures.

**Budget Approval Signature** \_\_\_\_\_ **Notes:** \_\_\_\_\_  
*(Approval of available budget funding for travel expense – include funding limit, budget changes, etc.)*

**Traveler's Supervisor Signature** \_\_\_\_\_ **Notes:** \_\_\_\_\_  
*(Approval of absence from work for indicated travel – including personal travel if applicable)*