

# 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 \_\_\_\_\_

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   AM  PM

Return Date and Time   AM  PM

## Estimate of Travel Expenses

Employee is responsible for making all reservations after TA approved

Need Receipts for Reimbursement

Estimated Expense

### Transportation

*(include mileage estimate)*

Rental Car  Motor Pool  Personal Car

\$ \_\_\_\_\_

### Parking

*(example: meter, airport, hotel, destination)*

\_\_\_\_\_ \$ \_\_\_\_\_

### Ground Transportation

*(example: taxi, shuttle)*

\_\_\_\_\_ \$ \_\_\_\_\_

### Airfare *(must be purchased through Central*

*Travel Account (CTA). Contact Finance Travel*

\_\_\_\_\_ \$ \_\_\_\_\_

### Lodging

*(Request State Rate)*

\_\_\_\_\_ \$ \_\_\_\_\_

### Meals *(per diem does not apply if meals*

*furnished with conference fee or at meetings.)*

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

\$ \_\_\_\_\_

### Conference Registration Fee

*(Personal Funds reimbursed following travel)*

Purchase Card  Personal Funds

\$ \_\_\_\_\_

### 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.

**SUBMIT to [nursing.travel@wsu.edu](mailto:nursing.travel@wsu.edu)**

\* Please update your Workday direct deposit profile for reimbursements