**LHSOM Employee Travel Request**

Complete this form and email to your department admin. Please use one form per trip per employee. Based on the information provided below, Admins will create a Chrome River pre-approval report. The pre-approval report **MUST BE FULLY APPROVED** in Chrome River before any travel related purchases can be made. Travel Policies can be found on the [Travel Services](https://www.uidaho.edu/dfa/finance/controller/accounts-payable/travel-services) Webpage and [Chapter 70.02 of the Administrative Procedure Manual](https://www.uidaho.edu/governance/policy/policies/apm/70/02#:~:text=Last%20updated:%20January%2001,%202022.%20A.%20General.%20It).

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| --- | --- | --- | --- | --- |
| **EMPLOYEE NAME:** |  | | | |
| **VANDAL #:** |  | | | |
| **DESTINATION:** |  | | | |
| **DEPARTURE DATE:** |  | | **DEPARTURE TIME:** |  |
| **RETURN DATE:** |  | | **RETURN TIME:** |  |
| **Trip Purpose:** |  | | | |
| **Index Number(s) or No Cost:** |  | **Maximum Funding Limit (if applicable):** | |  |
| **Personal Travel Included?** | | | | YES  NO |

|  |  |  |  |
| --- | --- | --- | --- |
| **Estimated Costs** | **Purchase Method** | **Description** | **Estimated Amount** |
| **Airfare** | Choose an item. |  |  |
| **Car Rental** | Choose an item. |  |  |
| **Hotel** | Choose an item. |  |  |
| **Registration** (please submit conference itinerary) | Choose an item. |  |  |
| **Entertainment**  (requires Entertainment Expense Approval) | Choose an item. |  |  |
| **Other** | Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Total Estimated Costs: | | |  |

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| --- | --- | --- | --- | --- |
| **Mileage (to/from) list if roundtrip** | | | | |
| **Departure Location** | **Arrival Location** | | **Estimated Mileage** | |
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|  |  | |  | |
|  |  | |  | |
| **Total Estimated Mileage** | |  | miles or $ |  |

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| **Per Diem**  Include all travel dates and check the box corresponding to the meal per diem is requested for; If meals are provided, per diem cannot be requested without justification (if Per diem is requested for more than six days, please add that to Additional Information) | | | |
| **Date** | **Breakfast** | **Lunch** | **Dinner** |
| Enter a date. |  |  |  |
| Enter a date. |  |  |  |
| Enter a date. |  |  |  |
| Enter a date. |  |  |  |
| Enter a date. |  |  |  |
| Enter a date. |  |  |  |
| **Advanced Per Diem Requested?** | YES  NO | **Advance Amount** | Amount |

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| **Additional Information** (identify if students will be traveling & what expenses will be covered. Information for personal travel must be disclosed, costs paid separately, and no additional costs incurred by the University) |
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| **Signature of Employee Date** |
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