

IN STATE
IN STATE W/REGISTRATION
OUT OF STATE
OUT OF STATE W/REGISTRATION
FOREIGN

## COLLEGE OF SOUTHERN NEVADA EMPLOYEE TRAVEL REQUEST

Date: \_\_\_\_\_

**ORIGINAL, APPROVED TRAVEL REQUEST DUE TO FINANCIAL SERVICES TEN (10) DAYS PRIOR TO TRAVEL.**

INSTRUCTIONS: Complete form prior to making reservations. The travel agency requires a faxed copy of this approved form to book air travel. Travel claims cannot be processed unless Financial Services has a Travel Request on file. The **traveler is responsible** for submitting this form to Financial Services. Please retain a copy for your records.

**Section I – Traveler/Trip Information**

Employee ID No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Department: \_\_\_\_\_ Campus: \_\_\_\_\_ Sort Code: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Depart Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Destination: \_\_\_\_\_ Mode of Travel (pick from list): \_\_\_\_\_  
 PURPOSE OF TRIP (Name of organization, location, time of meeting, etc. Conference materials must be attached.) \_\_\_\_\_

**Section II – Registration** (Use this section only if you need to register for a conference. Attach registration form(s) and RX or LPO as required.)

I am requesting payment of a Conference Registration Fee in the amount of \$ \_\_\_\_\_ Disposition of Check: \_\_\_\_\_

**Section III – Estimated Travel Cost**

Transportation: \_\_\_\_\_  
 Per Diem: \_\_\_\_\_  
 Lodging: \_\_\_\_\_  
 Estimated Total Cost: \_\_\_\_\_\*  
 \*Must equal total in Accounts Charged.

ACCOUNT(S) CHARGED						
FUND	AGENCY	ORG	OBJ	SOBJ	DESCRIPTION	AMOUNT
					Airfare	
					Other	
					TOTAL	*

**Section IV – Travel Advance** (A travel advance is issued on an exception basis only and may not exceed estimated costs for per diem and lodging. If a travel advance is required, justification must be provided below. Advances will not be issued for less than \$50. The travel advance amount will be encumbered on the account(s) designated unless travel expenses are paid by other sources.)

I am requesting a travel advance in the amount of \$ \_\_\_\_\_ I expect to receive a travel allowance from sources other than CSN.

Justification: \_\_\_\_\_

**Approved**

**Not Approved**

I understand that I must submit a travel claim within 15 days after completion of the trip with remittance of any balance due CSN, and that no future advances will be processed until this advance is cleared. If no travel claim is submitted, I will be liable for the full amount of any travel advance I received, plus any subsequent collection costs, through payroll deductions. I further understand that CSN will not be responsible for **personal** travel expenses.

**Section V – Approvals**

Traveler \_\_\_\_\_  
 Signature

Approved \_\_\_\_\_  
 Head of Dept.

Approved \_\_\_\_\_  
 Additional Signature if Required

Approved \_\_\_\_\_  
 Vice-President

Approved \_\_\_\_\_  
 President

**Section VI – Request for Approval of Lodging Rate Exception** – Exceptions to allowed rates must be requested *in advance*. Per State regulations, granting rate exceptions after conclusion of travel is not allowed.

I am requesting a lodging rate exception.

Justification (select one):

I will be staying at \_\_\_\_\_ Rate per night excluding tax \_\_\_\_\_ Allowed Rate per GSA \_\_\_\_\_

Rate rule: \_\_\_\_\_ Calculation: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 % per rate rule GSA rate for location maximum room rate

must equal % from rate rule

**GSA rate printout attached**

**Supporting documentation attached**

**APPROVED**

**NOT APPROVED**

## EMPLOYEE TRAVEL REQUEST INSTRUCTIONS

### Heading

1. Type of travel
2. Date the request is being prepared

### Section I

3. Your employee identification number
4. Your name
5. Your title
6. Your department
7. Your campus
8. Your sort code
9. Your extension
10. Departure date
11. Return date
12. Destination
13. Mode of travel (air, auto, etc from pick list)
14. Purpose of trip per instructions

### Section II

15. Check if requesting payment for a registration fee
16. Amount of registration fee
17. Where to send check (pick from list)

### Section III

18. Estimated transportation cost
19. Estimated per diem per GSA website
20. Estimated lodging – not to exceed GSA rate or requested rate exception
21. Account number for airfare – use drop down lists for OBJ and SOBJ
22. Estimated airfare amount
23. Account number for all other travel – use drop down lists for OBJ and SOBJ
24. Estimated other travel amount

**\*Make sure total estimated travel cost equals total amount under accounts charged.**

**This is the amount to be encumbered.**

### Section IV

25. Check if requesting a travel advance
26. Amount of requested travel advance
27. Select “do not” or “do” regarding expected travel allowances from other sources
28. Give justification for advance
29. Approval must be indicated by the department head when approving the travel request

## EMPLOYEE TRAVEL REQUEST (CONT)

### Section V

30. Signature of traveler
31. Signatures of all required approvers

### Section VI

32. Check if requesting a lodging rate exception
33. Select justification from list
34. Name of hotel
35. Rate quoted by hotel – must be in writing
36. GSA lodging rate for the destination city
37. Select correct rule/formula from drop down list per policy
38. Select percentage equal to the rule in 37
39. Enter GSA rate from 36
40. GSA webpage printout must be attached and box must be checked
41. Documentation to justify the exception per the policy and the reason selected in 33
42. V.P. of Finance & Budget (or President under certain circumstances) must check the appropriate box and **sign prior to travel**