

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 incidentals. 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 _____ = _____
must equal % from rate rule % per rate rule GSA rate for location maximum room rate

GSA rate printout attached

Supporting documentation attached

APPROVED

NOT APPROVED