

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 \_\_\_\_\_ = \_\_\_\_\_  
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**