

# Virginia Tech Travel Estimate and Approval Form

This form is used to 1) provide an estimate of travel expenses and 2) request approval for all overnight travel, involving employees, students, visitors, and other business associates. It must be submitted to the Department Head for approval prior to incurring overnight travel expenses when the total cost of the trip is expected to exceed \$500. After approval is granted, a copy of this form must be attached to the travel expense reimbursement voucher and all vendor payment invoices, including registration and hotel payments.

**TRAVEL INFORMATION**

Name of Traveler: \_\_\_\_\_ Visitor      Faculty      Staff      Student  
 Department: \_\_\_\_\_ Mail Code: \_\_\_\_\_  
 Address for Return of Form: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_  
 Destination(s): \_\_\_\_\_  
 Dates of Travel: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 Name of Dept. Head or Designee signing below \_\_\_\_\_

**PURPOSE OF TRIP**

**1. Conference Travel:**

- Giving a presentation or poster
- Serving as panel member, discussant, or chair
- Serving as an officer or board member
- Attending only
- Other please explain \_\_\_\_\_

**2. Non-Conference Travel:**

State Purpose: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Conference/name (please use complete name): \_\_\_\_\_

**\*\*KEEP STATEMENT DOCUMENTING BUSINESS NECESSITY IN DEPARTMENTAL FILES. \*\***

(Required when more than 3 employees request approval to travel to the same location/event.)

**Estimated cost for:**

Transportation: \_\_\_\_\_  
 Lodging: \_\_\_\_\_  
 Meals: \_\_\_\_\_  
 Conf./seminar fee: \_\_\_\_\_  
 Other: \_\_\_\_\_  
**Total Estimated cost:** \_\_\_\_\_

**Funding Source:**

Org/Fund/Amount      \_\_\_\_\_  
 Org/Fund/Amount      \_\_\_\_\_  
 Org/Fund/Amount      \_\_\_\_\_

**Other Known Attendees:**

\_\_\_\_\_  
 \_\_\_\_\_

**LODGING EXCEPTION REQUEST (Required when lodging exceeds ALLOWABLE rate.)**

**ALLOWABLE** Lodging Rate (Excluding Taxes)      \_\_\_\_\_  
**REQUESTED** Lodging Rate (Excluding Taxes)      \_\_\_\_\_  
 Difference from Allowable to Requested      \_\_\_\_\_

**JUSTIFICATION for excessive lodging rate:** \_\_\_\_\_  
 \_\_\_\_\_

**TRAVEL REQUEST SIGNATURES/APPROVALS**

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

DEPT. HEAD OR DESIGNEE: \_\_\_\_\_ Date: \_\_\_\_\_

SENIOR MANAGEMENT (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL SIGNATURES REQUIRED FOR INTERNATIONAL TRAVEL**

OFFICE OF SPONSORED PROGRAMS: \_\_\_\_\_ Date: \_\_\_\_\_