CLASS TRAVEL REQUEST/PLANNING FORM

Complete this form and email to class-afs@uidaho.edu. Based on the information provided below, Class-AFS will create a Chrome River pre-approval report. The pre-approval report MUST BE FULLY APPROVED in Chrome River pre-approval report information on travel with these (August and Extrapolated purchases can be made. For more information on travel with these (August and Extrapolated purchases can be made. For more information on travel with the second provided purchases can be made. For more information on travel with the second provided purchases can be made. For more information on travel with the second provided purchases can be made. For more information on travel with the second provided purchases can be made. For more information on travel with the second provided purchases can be made. For more information on travel with the second provided purchases can be made. For more information on travel with the second provided purchases can be made. For more information on travel with the second provided purchases can be made. For more information on travel with the second provided purchases can be made. For more information on travel with the second provided purchases can be made.

before any travel related purchases can be made. For mo		i	ivei, visit iittp	3.//www.didano.edu/dia/iniance/controlle	r/accounts-payable/ traver-services		
EMPLOYEE NAME:							
VANDAL #:							
DESTINATION:							
INTERNATIONAL TRAVEL:				REGISTERED WITH UI INTER	RNATIONAL PROGRAMS:		
DEPARTURE DATE:				DEPARTURE TIME:		L	
RETURN DATE:				RETURN TIME:			
TRIP PURPOSE:							
Index Number(s) or No Cost to UI:					Personal Travel is Included:	Yes	No
ESTIMATED COSTS PAYMENT		METHOD	DESCRI	PTION		ESTIMATED A	AMOUNT
Airline Ticket							·
Car Rental							
Hotel							
Registration							
Entertainment (requires Entertainment Expense Approval)						
Other:							
	•		1		TOTAL ESTIMATED COSTS:	\$	
					TOTAL ESTIMATES COSTS.		
Mileage (to/from) List if	roundtrip:						
Depa	on		Arriv	Arrival Location		Estimated Mileage	
	011			, <u>-</u>		Lottinated Willeage	
				TOTAL ESTIMATED MILEAGE	miles or 5	ς	
Per Diem					·	Times of s	
Include all travel dates and cl	r diem is reques	ted for; If	meals are provided, per diem ca	nnot be requested			
Date				Breakfast	Lunch	Dinne	er
			Do NOT ir	nclude promotional or covered meals in	this section		
Advance Per Diem Requested? Yes			Yes	No	Amount:		
ADDITIONAL INFORMATION	ON (identify frie	ends/family traveli	ng; persona	I days, etc. Information must be discl	osed, costs paid separately, and no additional o	osts incurred by the	University):

Signature of Employee Date

Signature of Supervisor Date