

CNPD TRAVEL FUNDING REQUEST

ESTIMATE TO BE COMPLETED PRIOR TO TRAVEL.

GENERAL INFORMATION

Traveler's Name: _____ EMPLID: _____

Purpose of Trip:

Faculty Development Program Development Service Recruitment Field/Clinical Visit Grant Other: _____

Description of Activity/ Conference Name: _____ Destination: _____

Departure Date & Time: ____/____/____ ____am ____pm Return Date & Time: ____/____/____ ____am ____pm

Number of Personal Days: _____

CLINICAL SITE VISIT | FIELD VISIT

Student Name: _____ Program: _____ Distance Campus Undergrad Grad

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COST AND FUNDING

ESTIMATED

ACTUAL

Registration Fee (check one) <input type="checkbox"/> UND Purchase Card <input type="checkbox"/> Reimburse (receipt required)	Registration	
Method of Travel (check all that apply, personal car reimbursed at lower \$ per mile and requires prior approval) <input type="checkbox"/> Airfare: Purchase Card <input type="checkbox"/> Airfare: Personal Credit Card	Airfare	
<input type="checkbox"/> Personal Car: round trip mileage _____ at \$ _____ per mile = \$ _____ <input type="checkbox"/> UND Vehicle: round trip mileage _____ at \$ _____ per mile = \$ _____	Car	
Meals/Per Diem: _____ total days at GSA or UND Rate of \$ _____ per day # _____ breakfasts at \$ _____/day # _____ lunches at \$ _____/day # _____ dinners at \$ _____/day	Meals	
Lodging # _____ nights at \$ _____ per night	Lodging	
Taxi/shuttle service \$ _____ Miscellaneous \$ _____	Misc	
TOTAL REQUESTED REIMBURSEMENT \$ _____		\$ _____

Amount requested from **GRANT#** _____ & Department # _____ = \$ _____ \$ _____
 Amount requested from **FUND#** _____ & Department # _____ = \$ _____ \$ _____
 Amount requested from **OTHER** _____ & Department # _____ = \$ _____ \$ _____

ORDER OF PROCESSING

- Fill in information and estimated amounts. Melissa Johnson (7-4554) is available for assistance with regulations, amount limits for meals, lodging etc.
- Sign the form and route to PI if grant-funded and then to Department Chair for approval.
- Department Chair routes to the Travel Coordinator, Melissa Johnson, who will then route to CNPD Business Officer or Grant Officer for fund assignment/approval.
- After review by the Business Office and Dean, you will be notified of approval or denial and further steps to take in securing arrangements.

NOTE: Form can be scanned and electronically signed via email if necessary

REQUIRED SIGNATURES (to be acquired in order)

1. _____ Traveler	_____ Date	4. _____ CNPD Travel Coordinator	_____ Date
2. _____ P.I. (if grant-funded)	_____ Date	5. _____ CNPD Business Officer or Grants Officer	_____ Date
3. _____ Department Chair	_____ Date	6. _____ Dean	_____ Date