

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: _____ Destination: _____

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

CLINICAL SITE VISIT | FIELD VISIT

Student Name: _____ Distance Campus Undergrad Grad

Student Name: _____ Distance Campus Undergrad Grad

Student Name: _____ Distance Campus Undergrad Grad

CONFERENCE

Name of Conference: _____ Number of Personal Days: _____

COST AND FUNDING

Category Subtotals

| | |
|---|--------------|
| Registration Fee (check one) <input type="checkbox"/> UND Prepay (Travel Expense Voucher # _____) <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. Cyndee (7-4542/CNPd 356) is available for assistance with regulations, amount limits for meals, lodging etc.
- Sign the form (and have P.I. sign if grant-funded) and route forward to Program/Department Travel Representative for initial review of amounts and fund assignments.
- Have Department (Chair) sign for approval.
- Route to the CNPD Business/Grants Office (Gabe Arntson's mailbox CNPD 311).
- 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. _____ Date _____ 4. _____ Date _____
 Traveler Department Chair

2. _____ Date _____ 5. _____ Date _____
 P.I. (if grant-funded) CNPD Business/Grants Officer

3. _____ Date _____ 6. _____ Date _____
 CNPD Travel Rep (optional) Dean