

Post Travel Information

Name: _____

Destination: _____

Purpose of Trip: _____

Departure Date: _____

Departure Time from Home or Office: _____

Return Date: _____

Return time to Home or Office: _____

Mileage (if you used your own vehicle) _____

- Number of miles claiming for use of personal vehicle and explain why your personal vehicle was used and not a state vehicle.
- Please note supervisor approval is to be done before travel.
- Supervisor must sign off when personal vehicle is used.

Taxi or Shuttle Cost: _____

Baggage Fees: _____

Parking Fees: _____

Were meals included in the conference? **Yes** **No**

Which Meals were included? _____

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- Need date and meal provided. (e.g. breakfast, lunch, dinner)

Did the hotel/motel provide free breakfast? **Yes** **No**

Receipts Needed: Baggage, shuttle or taxi, hotel, hotel or airport parking fees

Please attach a copy of the conference schedule or itinerary.