

OUT-OF-STATE TRAVEL REQUEST

ALL TRAVEL OUTSIDE THE BORDERS OF OKLAHOMA MUST BE APPROVED IN ADVANCE BY THE PRESIDENT

Traveler's Name:

Employee ID #:

Purpose of Trip (name of conference, if applicable):

Destination:

Departure Date:

Return Date:

Event Date: From

To

MODE OF TRAVEL

Airfare - Would like University to purchase

Airfare - Will purchase own ticket

Motor Pool Vehicle

Private Vehicle - MUST OBTAIN COMPARISON AIRFARE QUOTE BEFORE TRAVEL [RSU Travel Policy 2.7.8](#)

Note: The maximum amount you will be reimbursed for mileage will be equal to the lowest airfare quote

ESTIMATED EXPENSES

	To Be Paid Out-of-Pocket	To Be Paid Direct by RSU
Transportation RSU Travel Policy 2.7 Airfare cost or Private vehicle mileage reimbursement cost	\$ Notes:	\$ Notes:
Lodging RSU Travel Policy 2.10 Note: GSA rate is maximum amount reimbursable. Designated hotel stays with documentation of designated lodging/rate may be above GSA rate	\$ Notes:	\$ Notes:
Registration RSU Travel Policy 2.12 Must follow prepayment requirements for event registrations	\$ Notes: No Registration	\$ Notes:
Meals RSU Travel Policy 2.11 Limited to GSA rate. Meals provided will result in reimbursement deduction	\$ Per Diem Rate Per Day \$	N/A
Local Transportation RSU Travel Policy 2.8 Taxis, shuttles, rental car (must be justified). Receipts w/ noted destinations will be required.	\$ Notes:	\$ Notes:
Mileage To/from airport if flying	\$	
Miscellaneous RSU Travel Policy 2.12 Parking, Tolls, Baggage Fees, Etc. (Must be verifiable business related expenses)	\$ Notes:	\$ Notes:
TOTALS	\$	\$

OVERALL TRIP TOTAL \$

FUNDING

Department/Account Name:

Account #:

Organized Research Acct #:

(if approved)

Traveler _____ Date _____

*1st Approver _____ Date _____
(Dept. Head, Supervisor, etc.)

*2nd Approver _____ Date _____
(Dean, V.P., etc.)

President _____ Date _____

*Approvers based on employee classification [RSU Travel Policy 3.1.3](#)

APPROVALS

Form completed by (if other than traveler)

Revised 7/2023