Wabash.

Faculty/Academic Affairs Staff Travel Pre-Approval Form

Name:_____ **Date:**_____

Destination:_____

Name of Professional Meeting:_____

Depart Date: _____ **Return Date**_____ **P-Card Last 4 Digits** _____ *(If applicable)*

All expenses, EXCEPT for meals and fuel, may be charged to a p-card. Meals and incidentals will be reimbursed using per diem.

Fund Account: Dean's Prof Travel:_____ Coss Faculty Dev:_____ BKT Grant:_____ Other:_____

Estimation of Expenses: *(please fill in all that apply)*

Personal Vehicle (.76/mile): $_____ (Crawfordsville–Indy Airport 104 miles= $79.04)

Motor Pool Vehicle (.40/mile): $_____ https://www.wabash.edu/scheduler/request-vehicle/

Flight/Baggage: $_____ Booking through Travel Coordinator?_____

Parking/Ground Transportation: $_____

Hotel/Lodging: $_____

Registration: $_____

How many meals are provided by the conference and/or hotel?

Breakfast #_____ Lunch #_____ Dinner #_____ All Meals _____

Meals:

Are you requesting reimbursement for meals? _____

**If yes, meals will be reimbursed at the per diem rate of 75% for the first and last day of travel with a max of 5 days total. Receipts are not needed and any meals provided through a conference/meeting will be subtracted from the per diem reimbursement. www.gsa.gov/travel/plan-book/per-diem-rates*

Meal Per Diem: Whole Day: $_____ First/Last Day (75%): $_____ Total Per Diem: $_____

Total Estimated Expenses: $_____

Hourly and Salary Staff Only:

Supervisor's Signature: _____ **Fund Account:**_____

Dean of the College's Office:

DOC Notes: Prof Travel Balance: $_____ FDC Balance: $_____ BKT Balance: $_____