

COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES APPLICATION FOR TRAVEL FUNDING

This form is to be used by SBS faculty and staff for all travel requests. Applicants must sign and date application. Funds will only be committed after the application has been reviewed and signed by the Chair/Director and/or Dean. Dean's funds are limited to faculty who are traveling and presenting internationally. Criteria for Provost's funding are available from department travel specialists and the Dean's Office.

Specify funds requested: Dept. Dean Provost - must meet specific criteria-deadlines for submission for provost funding:
9/26/08 & 2/6/09

Name of Traveler: _____ EmplID/LouieID (or SSN): _____

Departure Date/Time: _____ Return Date/Time: _____

Purpose (present at specific conference or workshop, do research, etc.) _____

Destination/Location (City & State or Country) of Travel _____

Driving University Vehicle? Yes No Personal Vehicle? Yes No Dr Lic # (if driving) _____ State _____

Are you requesting airfare/registration advance? Yes No (Airfare and registration advances need not be justified.)

Cash advance? Yes No

Cash advances are restricted to **extenuating circumstances**. Please attach memo with justification.

Estimated Budget -- enter the full amount you expect to spend, not just the amount for which you are asking.

Conference Registration \$ _____

Mileage -
Miles (round trip) _____ x .445/mile = \$ _____

Per Diem-
Rate \$ _____ x # of days _____ = approx. \$ _____

Public Transportation -Air: \$ _____ Taxi: \$ _____
Bus: \$ _____ Shuttle: \$ _____ Other: \$ _____

Lodging--
_____ Nights @ \$ _____ per night = \$ _____

Rental car- Estimated rental cost \$ _____

Other -- includes parking fees, business-related telephone calls & faxes, etc. Does not include copying, supplies, etc.

\$ _____ for _____
\$ _____ for _____
\$ _____ for _____

TOTAL ESTIMATED EXPENSES \$ _____

Applicant's Signature: _____

Date: _____

Dept. Chair/ Director's Signature: _____

Date: _____

List all other travelers from this department whom you believe will also be attending this function.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

List all other funding sources and amounts either requested or already received.

Requested from Dept. _____
Amt. Allotted \$ _____ Agency/Orgn _____

Requested from _____
Amt. Req. \$ _____ Rcvd? Yes No Unknown

Requested from _____
Amt. Req. \$ _____ Rcvd? Yes No Unknown

DEAN'S USE ONLY
Amount awarded by Dean: _____
Amount awarded by Provost: _____
Area Orgn: _____
Signature: _____
Date: _____
Distribution after approval: Business Manager, Sr./Department

Please refer to the second page of this form for more pertinent information.

PERDIEM						
See Bottom of Form for Rate Schedule.				Receipts Not Required		
In-State = 7610-20		* Out-of State = 7620-20		Foreign = 7640-20		
DEPART	Date:		Day:		Time:	
RETURN	Date:		Day:		Time:	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
B	B	B	B	B	B	B
L	L	L	L	L	L	L
D	D	D	D	D	D	D
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
B	B	B	B	B	B	B
L	L	L	L	L	L	L
D	D	D	D	D	D	D

<u>Time Frame</u>	<u>Meal</u>	<u>Per Diem Rate (depends on destination) in state is \$39/day</u>					
Leave Before 6 am	Breakfast	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00	\$ 11.00	\$ 12.00
Leave Before 11 am, Return After 2 pm	Lunch	\$ 10.00	\$ 11.00	\$ 13.00	\$ 14.00	\$ 16.00	\$ 17.00
Return After 8 pm, Or Overnight Stay	<u>Dinner</u>	<u>\$17.00</u>	<u>\$20.00</u>	<u>\$22.00</u>	<u>\$25.00</u>	<u>\$27.00</u>	<u>\$30.00</u>
	TOTALS	\$34.00	\$39.00	\$44.00	\$49.00	\$54.00	\$59.00

For daily per diem rates, see URL:

for domestic travel:

<http://www4.nau.edu/comptr/docs/SAAM-2d06-20061115.pdf>

for foreign travel:

http://aoprals.state.gov/content.asp?content_id=184&menu_id=78

(Note that per diem is reimbursed on a per-meal basis, with differing percentages of the per-day amount, not on a per-day basis, so this amount will be approximate.)

To receive airfare reimbursement, you must submit printouts of quotes from two different sources, made at least 21 days before flight

Use the URL's shown above for allowed lodging rates. Conference hotel rates are allowed to exceed the listed rates (listed rates do not include taxes that may be charged). Conference hotel rates must be listed in brochure or on website -submit copy.

Reimbursement will be for the least expensive rate listed.

Rental car – Requires justification memo with authorization request. Not reimbursable if you are staying at the conference hotel.

Insurance & pre-paid gas are not reimbursable.

Object Codes	In State	Out of State	Foreign
Registration	7396/10	7396/10	7396/10
Mileage	7610/10	7620/10	7640/10
Per Diem	7610/20	7620/20	7640/20
Public Transportation	7610/30	7620/30	7640/30
Lodging	7610/40	7620/40	7640/40
Rental Car	7610/50	7620/50	7640/50
Gas & Oil (for rentals)	7610/60	7620/60	7640/60
Other	7610/90	7620/90	7640/90