



NEW MEXICO HIGHLANDS UNIVERSITY

TRAVEL REQUEST FORM

Do NOT Write or Stamp in this Area
Approval #

Please type (or Print)

Date: _____

Check if Applicable [] Travel Advance Request (80% of sub-total) [] Blanket Travel [] In State [] Out of State

Name: _____ Banner ID (required): @_____
(One individual per request)(Team or Group Travel, attach Roster)

Department: _____ FOAPAL: _____
If more than one please put amount next to each FOPAL.

Purpose of Trip: _____

Date(s) of Proposed Trip: _____ Destination From/To: _____

Form Prepared by (required): _____ ext. _____
All the above fields are required to be completed.

Cost of Trip (please list reimbursable amounts only)

STANDARD/PARTIAL PER DIEM (Meals & Lodging) _____ Day(s) at \$ _____ per day OR _____

ACTUAL (Lodging) _____ Day(s) at \$ _____ /Day

(Meals) _____ Day(s) at \$ _____ /Day

MILEAGE [] Personal Vehicle _____ Miles at _____ /mile

AIRFARE (paid by traveler) attach quotes _____

OTHER (Taxi fares, Parking fee, ect.) _____

Sub-Total _____

Check Request Information (items paid for directly by NMHU)

LODGING _____ Day(s) at \$ _____ /day Check Request # _____ (attach copy)

REGISTRATION: Check Request # _____ (attach copy)

AIRFARE (Specify & Attach Quotes) _____ Check Request # _____

UNIVERSITY AUTO [] Flat Fee _____ Miles @ _____ /mile

TOTAL COST TO INSTITUTION..... _____

Travel Advance, if applicable: _____

WE CERTIFY THAT THE ABOVE TRAVEL IS NECESSARY AND IS FOR OFFICIAL UNIVERSITY BUSINESS

Traveler (Sign/Date)

Budget Approval (Sign/ Date)

Fund Supervisor/Direct Supervisor (Sign/Date)

Provost (Sign/Date)

Dean or Dean of Students (Sign/Date)

President or VP (Sign/Date)