COLLEGE OF
SOUTHERN NEVADA

EMPLOYEE TRAVEL REQUEST

Original, Approved Travel Request Due To Financial Services Ten (10) Days Prior To Travel

INSTRUCTIONS: Complete form prior to making reservations. The travel agency requires a faxed copy of this approved form to book air travel. Travel expense claims cannot be processed unless Financial Services has a Travel Request on file. The *traveler is responsible* for submitting this form to Financial Services. Please retain a copy for your records.

TRAVEL / TRIP INFORMATION

Prepared by: _____ Extension: _____

Date: _____ Employee ID No.:_____ Campus: _____

- ☐ In State
- ☐ In State w/Registration

Name: _____ Title: _____

- ☐ Out of State

Department: _____Sort Code / Extension: _____

- ☐ Out of State w/Registration

Destination: _____ Mode of Travel: _____

- ☐ Foreign

Departure Date: _____ Return Date: _____

Purpose of Trip *(Name of organization, location, time of meeting, etc. Conference materials must be attached.)*

_____

CONFERENCE REGISTRATION

Is payment of a Conference Registration Fee required as part of this travel? ☐ Yes ☐ No

If so, please indicate amount $ _____ and RX or LPO number _____

ESTIMATED TRAVEL COST

Transportation: _____

Per Diem: _____

Lodging: _____

Estimated Total Cost: _____

*Must Equal Total In Accounts Charged.

ACCOUNT(S) CHARGED						
FUND	AGENCY	ORG	OBJ	SOBJ	DESCRIPTION	AMOUNT
					*TOTAL	

TRAVEL ADVANCE

A travel advance is issued on an exception basis only and may not exceed estimated costs for per diem and incidentals. If a travel advance is required, justification must be provided below. Advances will not be issued for less than $50. The travel advance amount will be encumbered on the account(s) designated unless travel expenses are paid by other sources.

I understand that I must submit a travel claim within 15 days after completion of the trip with remittance of any balance due CSN, and that no future advances will be processed until this advance is cleared. If no travel claim is submitted, I will be liable for the full amount of any travel advance I received, plus any subsequent collection costs, through payroll deductions. I further understand that CSN will not be responsible for **personal** travel expenses.

I am requesting a travel advance in the amount of $ _____. I _____ expect to receive a travel allowance from sources other than CSN.

Justification: _____

☐ Approved   ☐ Not Approved.

APPROVALS

_____   _____
Travelers Signature   Approved by Vice President

_____   _____
Approved by Dean or Director   Approved by President

REQUEST FOR APPROVAL OF LODGING RATE EXCEPTION

Exceptions to allowed rates must be requested *in advance*. Per State regulations, granting rate exceptions after conclusion of travel is not allowed.

I am requesting a lodging rate exception. Justification: _____

I will be staying at _____ Rate per night excluding tax _____ Allowed Rate per GSA _____

Rate rule: _____ Calculation: _____ X _____ = _____
(must equal % from rate rule) → % per rate rule   GSA rate for location   maximum room rate

☐ GSA rate printout attached
☐ Supporting documentation attached

☐ APPROVED   ☐ NOT APPROVED
_____
Senior VP Finance & Administration or President