

Travel Planning Worksheet

Name _____ # of People going _____ names _____
Justification memo yes/no

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

Destination _____ Method of Transportation _____

Purpose _____

How does this trip benefit ASU & Nursing Dept? _____

Travel Expense Estimates:

Airfare \$ _____ (Business Travel Account to Pay for Airfare – Yes / No)

Rental Car \$ _____ Gas \$ _____ or Mileage _____

Registration \$ _____ Incidentals-Baggage/Internet/Parking/Hotel tax \$ _____

Lodging & Meal Expenses:

	Leave Headquarters (San Angelo)				Arrive Headquarters (back in San Angelo)				what Meals B / L / D \$8/\$12/\$16	Cost of Lodging	Total
	Date	Hour	Min.	a/p	Date	Hour	Min.	a/p			
Day 1 -											
Day 2 -											
Day 3 -											
Day 4 -											
Day 5 -											
Day 6 -											
Day 7 -											

Courses teaching (list all) _____

Arrangements made to teach class: _____

Account _____ Amount _____ For _____

Account _____ Amount _____ For _____