

## Request for Travel/Travel Card

|             |                |             |                   |
|-------------|----------------|-------------|-------------------|
| Name        | Datatel ID No. | Campus      | Contact Phone No. |
|             |                |             |                   |
| Destination | Departure Date | Return Date | Account Number    |
|             |                |             |                   |

**Reason for Travel:**  Conference: Name \_\_\_\_\_  Other: Specify \_\_\_\_\_

Check if the Travel Card is needed for any advance payments or reservations Date Needed: \_\_\_\_\_

| Estimated Expenses  | Total Estimated Expense | Amount Needed on Travel Card |
|---|-------------------------|------------------------------|
| Airfare:  | \$                      | \$                           |
| Round-trip Mileage: _____ miles @ \$0.51 mile   | \$                      | \$                           |
| Other Transportation: <input type="checkbox"/> Taxi <input type="checkbox"/> Parking <input type="checkbox"/> Tolls<br><input type="checkbox"/> Shuttle <input type="checkbox"/> Car Rental | \$                      | \$                           |
| Registration:   | \$                      | \$                           |
| Lodging:  | \$                      | \$                           |
| Meals:  | \$                      | \$                           |
| Other Travel Expenses (specify):  |                         |                              |
|   | \$                      | \$                           |
|   | \$                      | \$                           |
|   | \$                      | \$                           |
|   | \$                      | \$                           |
| <b>Total Estimated Expenses:</b>  | \$                      | \$                           |

### FOR PURCHASING DEPARTMENT USE ONLY

**Total Amount to Load on Travel Card:** \$

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved: Supervisor (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved: Budget Authority (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form to the Purchasing Department at SVC at least 14 days before the date of travel by inter-campus mail or scanning to [tacard@austincc.edu](mailto:tacard@austincc.edu).**

**If traveling within the state of Texas, please take both the Sales Tax and Hotel Occupancy Exemption forms.**

**For more detailed information, refer to:**

**Travel Guidelines and Procedures: [www.austincc.edu/admrule/7.03.001.htm](http://www.austincc.edu/admrule/7.03.001.htm)**

**Purchasing Department website: [www.austincc.edu/purchase](http://www.austincc.edu/purchase)**