



EMPLOYEE BLANKET TRAVEL REQUEST FORM

Please Call the Travel Coordinator at 601-979-0699 for assistance

Submit this form with all approvals applied at least two weeks in advance of the travel commencement date.

In-State _____

Name: _____ J#: _____ Email: _____ Phone: _____

Department Name: _____ Travel Dates From: _____ To: _____

Destination(s): _____

Attach itinerary of events and destinations known at the time of the request for the entire period covering the request.

Purpose of Travel:

Index _____ Fund _____ Org Code _____ Program Code _____

Estimated Cost of Trip	Reimbursable to the Traveler
Meals	
Lodging	
Car Rental	
Other	
Personal Vehicle	
Total	

My signature below indicates that I understand I am responsible for making a good faith effort to secure the most economical and reasonable method of transportation, lodging and all other costs. I certify that all costs incurred and reported for this period of travel are true and accurate in all respects.

 1. Traveler Date

 2. PI if Using Federal Funds Date

 3. Department Head / Chair Date

 4. College Dean / Director of Unit Date

 5. Grants & Contracts for Federal Funds Date

 6. Vice President Date

 7. Provost Date

 8. President (Req'd if International & VPs) Date

 9. Travel Office Date