New Mexico State University Library
Travel Request Form

REQUESTOR NAME: **DATE:**

ACTIVITIY: _____

G Meeting G Conference G Workshop G Other (specify) _____

LOCATION: _____

TRAVEL DATES: _____

Type of funding requested*(check all that apply)*

G Professional G Administrative

G Other (Grant, scholarship, etc.) Specify _____

Amount Requested	
Professional	$
Administrative	$
Other	$
Total Requested	$

REQUESTOR'S SIGNATURE: _____

PER DIEM ESTIMATE

From (date) _____ Time: _____

To (date) _____ Time: _____

_____ Days @ $ _____ Per Day = $ _____

_____ Hours @ $ _____ = $ _____

TOTAL = $ _____

Place total in line 5 below

ESTIMATED TRAVEL COSTS

1.	Registration Fee	$
2.	Reimbursed Mileage [$.55]	$
3	Airfare (estimate)	$
4.	Lodging (estimate)	$
5.	Per Diem from above	$
6.	Miscellaneous expenses	$
	Describe _____	
	Total	$

Are you requesting any prepayments?

G No G Yes _____

Please attach necessary prepayment information

SCHEDULE CHANGE APPROVED

Supervisor: _____ Date: _____ Dept. Head: _____ Date: _____

FUNDING APPROVED

Professional Amount $ _____ Administrative Amount $ _____ Other Amount $ _____

_____ G Approved G Denied

Associate Dean/Dean of the Library date