



Faculty/Academic Affairs Staff Travel Pre-Approval Form 2025

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Name of Professional Meeting \_\_\_\_\_

Depart Date: \_\_\_\_\_ Return Date \_\_\_\_\_ P-Card Last 4 Digits \_\_\_\_\_ (If applicable)

All expenses, EXCEPT for meals and fuel, may be charged to a p-card. Meals and incidentals will be reimbursed using per diem.

Fund Account: \_\_\_\_\_ : \_\_\_\_\_ Coss Faculty Dev: \_\_\_\_\_ BKT Grant: \_\_\_\_\_ Other: \_\_\_\_\_

Estimation of Expenses (please fill in all that apply)

Personal Vehicle (70/mile): \$ \_\_\_\_\_ (Crawfordsville Indy Airport 104 miles= \$72.80)

College Vehicle (.40/Mile): \$ \_\_\_\_\_

Flight/Baggage: \$ \_\_\_\_\_ Booked through Travel Coordinator? \_\_\_\_\_

Parking/Ground Transportation \$ \_\_\_\_\_

Hotel/Lodging \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

How many meals are provided by the conference and/or hotel

Breakfast # \_\_\_\_\_ Lunch # \_\_\_\_\_ Dinner # \_\_\_\_\_ All Meals \_\_\_\_\_

Meals:

Are you requesting reimbursement for meals? \_\_\_\_\_

\* If yes, meals will be reimbursed at the per diem rate of 75% for the first and last day of travel with a max of 5 days total. Receipts are not needed and any