Western Illinois University Request for Travel	ersity		Req. N	No	_T
Contact Person:			Date:		
Address:					
Name of Person Traveling:					
Instructions: Requests for Travel must be for one individual for one trip. Requests for Trav el must contain the proper signatures (see below for employees in Academic Affairs). P &ard payments for travel expenses must reference the Request for Travel in the comments section of the respective pcard transaction. Attach a copy of the Request for Travel to DPAs and Travel Vouchers.					
Destination of Trip		Beginning and Ending Dates of Travel	Purpose		
				1	
		Trip Summary	Amount		
		ration fee		-	
		to be paid by PCard		_	
Amount		t to be reimbursed to Traveler		_	
	State car				
	Total				
Cost Center Name:	Cost Center Name:				
Cost Center Number:	Cost Center Number:				
Amount Authorized:	Amount Authorized:				
NOTE: Employees who report to a division in Academic Affairs need to attach a justification for the travel that includes a breakdown of the costs (hotel, transportation, Per Diem, registration, etc.) and the level of participation (attendance only, panel presentation, formal paper presentation, other). The reimbursement for professional travel should reflect the level of participation of the applicant. All statements of justification need to be routed through the appropriate dean, department chair, or director's office for comment, approval, and signature.					
Fiscal Agent Signature:					

3 U H V L G H Q W VP \$ 9 3 Signature (if required):