

## Trav-229

1	Name	Enter name of Traveler
2	Type of Traveler	Check the box that fits
3	Address	Enter the mailing address of the traveler
4	Destination	Enter the destination of travel
5	Departure Point	Enter the City and Town of Departure
6	Date of Departure	Enter the Date of Departure
7	Date of Return	Enter the Date that the Traveler will Return
8	Purpose of Trip	Enter the purpose that the Non Extension Employee or Guest will be traveling on the behalf of Extension
9	Estimated Cost	<p>Check the box of the line item that will be paid or reimbursed for Non Extension Travel with the estimated amount. If driving is required enter the number of miles to reimbursed at State Rate of .42 per mile</p> <p>Hotel= Enter the names of days hotel will be needed at the rate per day See per diems rate at <a href="http://www.gsa.gov/portal/category/100120">http://www.gsa.gov/portal/category/100120</a></p> <p>Meals= Enter the number of days that meals are eligible and amount of funds requested per day. See per diem rate at <a href="http://www.gsa.gov/portal/category/100120">http://www.gsa.gov/portal/category/100120</a></p> <p>Registration= Enter Registration as 1 day @ amount of registration if registration is not at per day amount.</p> <p>Other= Enter any other estimated expense that will be reimbursed and amount</p>
10	Organization Number	Enter the organization number that will be funding this trip
11	Fund Number	Enter the fund number that will be used for reimbursement of trip
12	Fund Name	Enter the fund name of the fund number that is used for reimbursement of trip
13	Fund Financial Manager	Signature of Fund Financial Manager
14	CES Employee Submitter	Print the name of the person responsible for the travel of Non Extension Employee or guest
15	Official Station	Enter Official station of the Employee Submitter
16	Signature	Signature of the Employee Submitter
17	Title	Enter the title of the Employee Submitter
18	Travel Supervisor Signature	Travel supervisor will sign approving of the travel
19	Justification	If hotel expense is over per diem due to circumstances beyond control such as conference hotel rate, Travel Supervisor will check this box to APPROVE hotel per diem
20	Travel Administrator	Signature of Travel Administrator Approving Non Extension Travel