

Black Hills State University TRAVEL REQUEST

THIS REQUEST MUST BE FILED IN THE BUDGET OFFICE FIVE DAYS BEFORE DATE OF TRAVEL.
All travel is pursuant to State of South Dakota travel regulations as noted in the current travel manual.



Staff requested travel: _____
Supervisor assigned travel: _____
Department head initial appropriate block

(Select correct one) In-State Travel Out-Of-State Travel

College/Department: _____

Departure Date: _____

Time: _____

Return Date: _____

Time: _____

Destination: _____

Unit #: _____

Name of Requesting Party: _____

Phone #: _____

Purpose of Travel: _____

Other Personnel: _____

Method of transportation requested (include method of transportation to airport if flying):

State Car Estimated Number of Miles _____

Personal Car (reimbursed at 20 cents per mile if state vehicle is available)

Rental Car (written justification required)

Commercial Air

If University is to purchase airline ticket, indicate which travel agency arrangements for ticket have been made at _____.

Charter Air (See travel manual for procedure.)

Estimated cost of transportation: \$ _____

P.O. # _____ (Airfare)

Estimate cost of meals/lodging: \$ _____

Excess lodging requested (over \$150): ▶

Excess lodging approved: _____

Registration fee/taxi/incidentals: \$ _____

P.O.# _____ (Registration)

Total amount allowed: \$ _____

FOP #: _____ FOP Name: _____

Approval of travel only: _____ (no cost to university)

Requesting party must have a valid drivers license if state auto is requested and acknowledges by signing this request.

APPROVAL OF TRAVEL

Requesting Party Date

Supervisor Date

Administrative Officer Date

President or Designee Date

(approval required if out of state)

Travel Justification Out of State Travel

(Please attach to Travel Request)

Please state the reasons that travel is required. How will it benefit you professionally?

Is this travel funded by a grant or another external fund?

Yes

No

If yes, explain.