

- IN STATE
- IN STATE/W REGISTRATION
- OUT OF STATE
- OUT OF STATE/W REGISTRATION
- FOREIGN

**University of Nevada, Reno & NSHE
Employee's Travel Request**

1 11 TE 641798

Date: 03/14/2011

TRAVEL REQUEST MUST BE FORWARDED WITH APPROVAL TO THE TRAVEL DEPARTMENT PRIOR TO TRAVEL.

INSTRUCTIONS FOR USE: This request must be completed prior to registration and/or reservations being made. Reimbursement for traveling expenses may not be secured without the authorizations listed on this form.

Employee ID No. 000079815
 Name Frederick C Harris, Jr Mode of Travel Air
 Department Computer Science & Engineering requests permission for travel, as follows:
 Departure Date 03/22/2011 Return Date 02/25/2011 Employee Travel Claim Due By: 03/12/2011
 Destination New Orleans, LA

Purpose of Trip (If a conference or meeting is involved, give name of organization, location and time of meeting, etc.):
BIOCB 2011 Conference

Please attach registration form and agenda.

REGISTRATION COST: _____ Please issue a check payable to: _____
 Disposition of check: Cashier's Office Mail Paid for with University Purchasing Card

LODGING EXPENSE

I will be staying at Holiday Inn - New Orleans Superdome at the rate of \$ 95.00 per night (excludes taxes)

For lodging rate(s) in excess of the GSA rates, I am requesting approval for: [Click for GSA Website](#)

- Out-of-state, non-surveyed 300% of GSA rate
- Out-of-state, surveyed 175% of GSA rate

Please attach backup documentation for GSA lodging rate. Print GSA screen.

ACCOUNT(S) CHARGED

		FUND	AGCY	ORGN	OBJ	SOBJ	DESCRIPTION	AMOUNT
Registration					30	26		
Per Diem/Lodging	675.00	1320	119	08IN	20	01	BIOCB 2011	1,050.00
Transportation	375.00							
Estimated Total Cost	1,050.00							
Estimated Total Cost								1,050.00

A Cash Travel Advance is issued on an exception basis only. If a travel advance is required, it must exceed **\$100** and justification must be provided below. Travel Advance Amount Requested \$ _____ Approved Not Approved

Justification _____

The amount of travel advance will be encumbered on the account(s) designated unless/except travel expenses are paid by other sources. I understand I must submit a travel claim **within fifteen (15) days** after completion of the trip with remittance of any balance due the university. If no travel claim is submitted, I will be liable for the full cost of any travel advance I received, plus any subsequent collection costs, through payroll deductions. I further understand no aspect of personal travel may be billed to or reimbursed by the university.

Traveler _____ Signature _____ Approved _____ Head of Department (Required)
 Approved _____ Additional Signature If Required _____ Approved _____ Dean or Vice President (Required)