** TRAVEL REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  |       |  **TR#** |  |

**Section 1 – Traveler’s Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Traveler’s Name*** |       |  | ***Department*** |       |
| ***Employee #***  | T |       |  | ***Email*** |       |
| ***Check if using UDMPU 11.6 voucher******Attach voucher or log*** |[ ]   | ***Phone*** |       |
|  | $ |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***FUND*** | ***ORG*** | ***ACCT*** | ***PROG*** | ***ACTV*** |  |
|       |      |      |      |       | $ |       |
|       |      |      |      |       | $ |       |
|       |      |      |      |       | $ |       |

**Section 2 – Travel Information**

|  |  |
| --- | --- |
| ***Reason for Travel*** |       |
| ***Destination*** |        |
| ***Departure Date*** |       | ***Return Date*** |       |
| ***Travel arrangements made through Corporate Travel Services*** | ***Yes*** [ ]  | ***No*** [ ]   |
| ***If no, explain*** |       |
| ***Hotel Name:***  |       |

**Section 3-Total Travel Cost Estimate Section 4-Authorization**

|  |  |
| --- | --- |
|  | ***Estimated Cost*** |
| ***Air/Train*** | ***$*** |       |
| ***Hotel*** | ***$*** |       |
| ***Meals*** | ***$*** |       |
| ***Registration Fee*** | ***$*** |       |
| ***Other***  |  | ***$*** |       |
| ***Other*** |  | ***$*** |       |
| ***Total*** | ***$*** |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Authorized Signature*** |  | ***Date*** |
| ***Dean/Director/Assoc VP*** |  |  |  |
| ***VP (over $10K)*** |  |  |  |
| ***President (over $50K)*** |  |  |  |
| ***Restricted Funds*** |  |  |  |
| ***Other*** |  |  |  |

***Instructions:***

1. ***All University related travel should be arranged through Carrousel Travel (website: www.carrouseltravel.com) Call/email for a quotation on airfare/hotel at 888-992-1026; Kim Bedford: 612-798-1427 (******kbedford@carrouseltravel.com******); or Julie Carr: 612-798-1404 (******jcarr@carrouseltravel.com******). CTS airfare quotations are guaranteed for only 24 hours.***
2. ***Submit completed Travel Request form (TR) to Dean/Director/Assoc VP for signature (VP and President if travel cost warrants additional authorization).***
3. ***Additional approval is required if travel is charged to Restricted Fund(s).***
4. ***Email completed TR to Accounts Payable at*** ***accountspayable@udmercy.edu*** ***. An email confirmation will be sent.***
5. ***To finalize travel reservations, contact Kim or Julie with the TR#. Reservations cannot be finalized without an approved TR#.***

***Rev 1/31/2025***