MU LIBRARIES REQUEST FOR TRAVEL/RELEASED TIME

Date of Request	Date of Departure for Meeting	Date of Return from Meeting	Date of Return to Work

Your Name:		**# of Leave Days Requested:**	
Destination (place):		**Librarian / Archivist/ Staff:**	
Purpose:			

Registration (select one)	
	Will you register and pay for registration yourself?
	Do you prefer that the Library Administrative Office register and pay for you? (Attach registration info.)

ESTIMATED COSTS: APPROVALS:

ESTIMATED COSTS		APPROVALS		
Transportation		**Department Head**		
Personal vehicle of miles x		# of Days Release Time Granted		
UMC / Rental Vehicle		Amount of Financial Support		
Airfare		Signature:_____		
Shuttle to Airport		Date:_____		
Airport Bus/Taxi		**Division Head**		
Airport Parking		Administrative Funding?	Yes	No
Hotel Parking		# of Days Release Time Granted		
Lodging		Amount of Financial Support		
Total Per Diem for Meals* Meals on first and last days of overnight trip: The daily per diem amount to be reimbursed on trips with overnight travel will be determined by the number of hours in travel status for the day, as follows: Less than 8 hours = not eligible, Between 8-12 hours = 50% of applicable per diem, 12 hours or more = 100% of applicable per diem.		Signature:_____ Date:_____		
Registration		**MU Libraries Fiscal Office**		
Other		Amount of Financial Support		
Total Estimated Cost		Signature:_____ Date:_____		
Amount You Are Requesting				

UM Travel Policy: https://www.umsystem.edu/ums/policies/finance/allowable_travel_expenses

UM Meals Per Deim Policy: https://www.umsystem.edu/oei/sharedservices/apss/travel_and_expense/per_diem_information

Justification for Administrative Funding

Department Head Comments (optional)	Division Head Comments (optional)

For Admin. use: Requester's travel fund balance prior to this request: _____

Revised: July 2020