

The University of Montana Western

Request and Authorization to Travel

Banner Document Number _____

Employee **Non-Employee**

Print, complete, forward to Business Services

Travelers ID: (UM 79#)

Employee Name & Address:

Department:

Destination: Business Purpose:

Departure Date: Time: Return Date: Time:

Format X:XX AM or PM

Format X:XX AM or PM

Itinerary:
Airfare \$

Vehicle \$

Rental Car Vendor	Private Vehicle Expected Miles	Rate	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Lodging \$

Within Federal Rate?

If No, government rate requested and not available?

Registration \$

Miscellaneous \$

Sub Total: \$

Meal Per Diem \$

Calculator	Number	US Rate	Dollars	Time Ranges
Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	12:01 AM - 10:00 AM
Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	10:01 AM - 3:00 PM
Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>	3:01 PM - Midnight

Do you wish to receive the meal per diem before you travel? If yes, enter below.

Please allow 6 working days for processing

Total Trip Expense \$

Index	Account	Activity	Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
				Meal Per Diem Advance
				\$ <input type="text"/>

Submitted by: Title: Date:

Approval: Travelers Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

Dept. Head/Designee: _____ Date: _____