

EHD Pre-Travel Worksheet

Submit **PRIOR** to travel and booking
(NO later than Two weeks before hand)

Employee Name: _____

Employee ID: _____ Division: _____

Purpose of Trip: _____
(Please submit verification of purpose with your Travel Worksheet)

Travel Dates: _____ Event Dates: _____

Trip Destination: _____

Estimated Costs:

_____ Registration Fee
Meals Included with Registration Fee:

_____ Flight Cost
(Including baggage fees)

Airline:
Flight Itinerary and Flight Numbers:

(CEHD will only reimburse economy seating)

Please justify cost savings if not flying out of Grand Forks

_____ Hotel Cost

Hotel
Nightly Rate Number of Nights

(Lodging – In State Rate is \$81.90+tax)

Meals Provided by Hotel

Address

Confirmation Number

_____ Meals – **Not provided by conference or hotel**

(In State Meals - \$35.00 per day) (Out of State Rates available at www.gsa.gov)

	Rate		# of Meals		Total	
Breakfast 20% of Daily Rate:		x		=		Travel must be begin before 7:00 am Travel must begin before noon Travel must begin before 6:00 pm
Lunch 30% of Daily Rate:		x		=		
Dinner 50% of Daily Rate:		x		=		

_____ State Vehicle Cost

(UND Motorpool Mileage - Sedan \$.423/mile)

_____ Personal Vehicle Cost – If requesting, please attach justification.

(UND Personal Vehicle Mileage - \$.535/mile)

(CEHD may reimburse at Motorpool Mileage Rate)

_____ Ground Transportation (Taxi, Airport Shuttle, Airport Parking)

_____ **TOTAL Estimated Cost**

Traveler's Signature: _____

Date: _____

Supervisor Approval: _____

Date: _____

Grant Approval (If Applicable): _____

Date: _____

Dean Approval: _____

Date: _____

Funding Source(s): _____

Amount Approved: _____

Revised: 07/25/17