

COIS Travel Request Form

Traveler Name: _____

Submission Date: _____

General Information

☐ In State

☐ Out of State

☐ International/Alaska/Hawaii

Purpose: ☐ Conference

☐ Board Member

☐ Research

☐ Student Recruitment

☐ Team/Group

☐ Other: _____

If a Conference, are you: ☐ Presenter

☐ Panelist

☐ General Attendee

☐ Fac. Rep. for Student(s)

Event Name: _____

Location: _____

Dates of travel: _____

Names of coworkers traveling to the same event: _____

Will this trip coincide with personal travel: ☐ Yes ☐ No

Dates of personal travel, if applicable: _____

Travel Method(s): ☐ University Vehicle

☐ Rental Vehicle

☐ Personal Vehicle

☐ Plane

☐ Bus

☐ Other: _____

Payment Method(s) Requested: ☐ ProCard

☐ Travel Card

☐ Direct Payment/Check Request

☐ Reimbursement

Event

Registration: _____

Booth: _____

Other: *Description:* _____

Cost: _____

Parking: _____

Area Subtotal: _____

Lodging for the standard rate for the specific location please see [CONUS](#)

Rate Type: ☐ Standard (apx. \$ 107/night)

☐ Conference

of Nights: _____ Rate: _____

Item Total: _____

Parking: _____

Area Subtotal: _____

Ground Transportation

Vehicle Type: ☐ University

☐ Rental

☐ Personal

☐ Shuttle

☐ Taxi/Uber/Lyft

Personal Mileage: # of Miles: _____

Rate: _____

Item Total: _____

Service (Shuttle/Taxi/Uber/Lyft): _____

Rental: _____

Fuel (rental): _____

Area Subtotal: _____

Air Transportation

Airfare: _____

Baggage: _____

Taxi/shuttle: _____

Parking: _____

Area Subtotal: _____

Per Diem for the per diem rates for the specific location please see [CONUS](#)

of Breakfast: _____

Rate: _____

Meal Total: _____

of Lunch: _____

Rate: _____

Meal Total: _____

of Dinner: _____

Rate: _____

Meal Total: _____

of Incidentals: _____

Rate: _____

Item Total: _____

Area Subtotal: _____

Notes/Additional Information:

**Applying for external funds are highly encouraged*

Have you or do you intend to apply for Other University Funding: ☐ Yes ☐ No

If yes, where: _____

Requested Amount: _____

Estimated Total Travel Cost: _____

Employee Signature

Date

**I certify as the personnel traveling that this form is completed to the best of my ability*

Department Approval & Funding

☐ Travel Approved/Supported

☐ Travel Denied

Department Funds Available: ☐ Yes
Index

☐ No
Amount

Request for College Funds: ☐ Yes

☐ No

Department Director/Chair Signature

Date

Please complete the form to the best of your ability and email it to Robin Miller, RCMiller@TNTech.edu for COIS review. Once a decision is made, the form will be returned to the traveler, Director/Chair, and Administrative Associate for additional processing.

For Dean's Office Use Only

Date Travel Form Received: _____

Travel Approved: ☐ Yes ☐ No

Cost Summary

Estimated Cost _____

Departmental Funding - _____

Other Funding - _____

Estimated Remaining Cost _____

College Funding: ☐ Yes ☐ No

Index: _____ Amount: _____

Notes: _____

Date Form Returned to Employee: _____