



**DEADLINE** to submit form: **4 Weeks Prior to Travel Event**

*Allow for more time if airfare needs purchased.*

Program/Gift  
Account #:

Request Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

**Spend Authorization Request:**

*Please list **legal** name of traveler and include preferred name in parentheses.*

Traveler Name: _____	WSU ID #: _____	Status: _____
Traveler Name: _____	WSU ID #: _____	Status: _____
Traveler Name: _____	WSU ID #: _____	Status: _____
Traveler Name: _____	WSU ID #: _____	Status: _____
Traveler Name: _____	WSU ID #: _____	Status: _____

List attached for additional travelers ☐

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_ Destination: \_\_\_\_\_

Event & Business Purpose: \_\_\_\_\_  
(What is your role at the event?) \_\_\_\_\_

**Travel Expense Estimates**

Airfare Estimate: \_\_\_\_\_ *Attach preferred flight itinerary for review.*  
*Include traveler's **legal** name, gender, date of birth as it appears on traveler's government issued ID.*

Conference Registration Cost: \_\_\_\_\_ Registration Deadline: \_\_\_\_\_ Lodging Estimate: \_\_\_\_\_  
*Fill out lodging request form*

**Meals:** **Please write the location (city & state) of your estimated meals. Write "included" for meals provided by the conference.**

See below link (per diem section) for meals eligible for reimbursement and per diem amounts:

<https://acctspay.wsu.edu/welcome-to-travel-reimbursable-services/>

Date of Meal:	Breakfast Location:	Lunch Location:	Dinner Location:

Total Meals Estimate: \_\_\_\_\_

Personal Mileage: \_\_\_\_\_ Mileage Estimate: \_\_\_\_\_ Motor Pool Estimate: \_\_\_\_\_  
*List total mileage* *\$0.70 per mile* *Fill out Motor Pool Request form*

If travel will include personal time  
*List traveler name, date, & time* \_\_\_\_\_

Personal Expense Estimate: \_\_\_\_\_ ***Travelers are responsible for all expenses during personal time.***

Other Expenses: (Parking, Uber/taxi, checked baggage, etc.)	<u>Description:</u>	<u>Cost:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Total Expenses: \_\_\_\_\_

Approval	Print/Type Name	Signature	Date
Associate Director (for SES, SEB, ASWSU, GPSA, & CCE Travel):			
Director (for Student Media travel):			

Complete this form and submit to [getinvolved.finance@wsu.edu](mailto:getinvolved.finance@wsu.edu)