



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:

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.

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

Total Meals Estimate: _____

Personal Mileage: _____ Mileage Estimate: _____ Motor Pool Estimate: _____
List total mileage *\$0.67 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.)	Description:	Cost:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 the Finance Team at getinvolved.finance@wsu.edu