



TEXAS CHRISTIAN UNIVERSITY
TRAVEL REQUEST AND EXPENSE ESTIMATE FORM

DATE: _____

ID #: _____

NAME: _____

DEPT: _____

PURPOSE OF TRAVEL:

DATES OF TRAVEL: _____ DESTINATION: _____

ACCOUNT _____

FUND _____

DEPT _____

PROJECT _____

ESTIMATE OF EXPENSES:		FIRST APPROVAL:	
Transportation	_____		
Lodging	_____		Recommend approval
Registration	_____		DO NOT recommend approval
Meals	_____	_____	_____
Parking	_____	Signature	Date
Taxi	_____		
Mileage	_____	SECOND APPROVAL:	
Miscellaneous	_____		Approved
TOTAL:	_____		DO NOT recommend approval
Advance Requested? (Y / N)	_____		
Amount of Advance	_____	_____	_____
		Signature	Date

Comments: