Child & Family Studies

Travel Request Form

Traveler's Full Name: _____ Employee ID: _____

Travel Request Type: ☐ Travel Request ☐ Expense Report Account/Chartfield(s): _____

Travel Description:

_____

Business Purpose: Select Business Purpose Start Date: _____ Start Time: _____

If attending conference, please attach agenda copy

Destination City, State: _____ End Date: _____ End Time: _____

Detailed Expenses

Date								Total Amount	Payment Type
Day of Week	Sun	Mon	Tues	Wed	Thur	Fri	Sat		
Select Expense Type	$	$	$	$	$	$	$	$ 0	Select Payment Type
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
	$	$	$	$	$	$	$	$ 0	
Totals	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	

Helpful links for travel compliance

- Travel Pocket Guide: https://www.usf.edu/business-finance/controller/documents/usf-travel-pocket-guide-updated-072522.pptx
- Best Practices USF Business Travel: https://www.usf.edu/business-finance/controller/documents/travelbestpractice.doc

Please Add Additional Comments / Explanations Below

Reset Form