

**STILLMAN COLLEGE
TRAVEL REQUISITION**

Traveler's Name: _____ ID#: _____

Department: _____ Account #: _____

Destination: _____ Date of Travel: _____

Purpose of Trip: _____

APPROVAL:

Director/Dean _____

VP _____

President _____

COST: Advance _____ Actual _____

(a) Transportation

(b) Hotel/Other

1. Airfare _____

1. Hotel _____

2. Mileage _____

2. Per Diem _____

\$0.42 x _____ miles (round trip)

3. Gas _____

3. Other _____

Will a Stillman car be utilized? ___Yes___ No

4. Public Carrier (Taxi, Shuttle, etc.)

4. Registration _____

(a) Total _____

(b) Total _____

Total Advance _____

Traveler's Signature _____

Account Balance _____ Advance _____

Receipts: Needed _____ Submitted _____

Comment(s) _____

Authorized Signature _____

Refund to: Traveler _____ Refund to: College _____