



**TEXAS CHRISTIAN UNIVERSITY
TRAVEL REQUEST AND EXPENSE ESTIMATE FORM
(FOR OVERNIGHT TCU BUSINESS TRAVEL EXCEEDING \$1,000)**

DATE: _____

ID #: _____

NAME: _____

DEPT: _____

PURPOSE OF TRAVEL:

DATES OF TRAVEL: _____ DESTINATION: _____

ACCOUNT _____ FUND _____ DEPT _____ PROJECT _____

ESTIMATE OF EXPENSES:

Transportation _____

Lodging _____

Registration _____

Meals _____

Parking _____

Taxi _____

Mileage _____

Miscellaneous _____

TOTAL: _____

Advance Requested? (Y / N) _____

Amount of Advance ** _____

FIRST APPROVAL:

- Recommend approval
 DO NOT recommend approval

Signature Date

SECOND APPROVAL:

- Approved
 DO NOT recommend approval

Signature Date

Comments:

Signature _____

Date _____