PRE-APPROVAL OF PROPOSED TRIP ESTIMATE

This sheet is required for ALL overnight travel when use of State Funds may exceed $500. The estimate must include ALL travel expenses for the ENTIRE trip with no exceptions, regardless of payment methods to be used. When required, the signed original of this sheet must be included with the Travel Reimbursement Request sheet when the Travel Workbook is submitted to Procurement Services.

For Foreign Travel - Currency Converter: http://www.bankofcanada.ca/en/rates/exchform.html

Name (Last, First, M.I.)

Departure Date:

Return Date:

Name of Meeting/Conference (Purpose of Trip)

Primary Destination (City, State/Country)

Who will be paying for the trip? Circle as many as apply. Department Other Explain "Other":

Public Transportation (i.e., airfare, bus, train) -- Boarding pass **and** itinerary **required**					
Car rental or motor pool (include gasoline costs incurred)					
Personal Car (mileage)	Estimated number of miles:				
Personal car more cost-beneficial then rental	◯ Yes	◯ No			
Commuting mileage was deducted per policy	◯ Yes	◯ No			0
Registration fees					
Parking, Tolls					
Business Phone calls, faxes					
Miscellaneous					
DESTINATION	City and State OR City and Country	Rate	Taxes	# nights	
Pre-paid first night lodging				1	$ .00
Lodging (not pre-paid)					$ .00
Meals **Per Diem** (Day of Departure)				0.75	$ .00
Meals **Per Diem** FULL DAYS					$ .00
Meals **Per Diem** (Day of Return)				0.75	$ .00
Incidentals **Per Diem** (All Days)		$ 3.00			$ .00
Meals being Reimbursed from Local Funds or for Actual Expenses					
Business Meals					
Estimated Additional Expenses					
Further explanation/justification					
			TOTAL PROPOSED TRAVEL ESTIMATE:		**0.00**

THE FOLLOWING SIGNATURES CERTIFY THAT THE TRAVEL ESTIMATES IN THIS PRE-APPROVAL DOCUMENT WERE BASED ON THE MOST ECONOMICAL MEANS AND WERE REVIEWED AND APPROVED AS NECESSARY FOR THE CONDUCT OF BUSINESS FOR THE COMMONWEALTH OF VIRGINIA.

Signature of Traveler			
Signature	Print Name		Date
***Dean or VP			
Signature	Print Name		Date
OR			
***Designee			
Signature	Print Name	Print Title	Date