

TRAVEL ESTIMATE WORKSHEET

Detailed summary of total costs associated with travel/training

Name of Traveler: _____ Employee No: _____

Title of Traveler: _____

Date of Departure: _____ Date of Return: _____

Conference/Seminar/Training/Other: _____

Destination: _____
City State/Country County

Center No: _____ Account No: _____ Co: _____

Allowable Per Diem: _____ 1 Day X 0.75 day of departure X _____

_____ Days X _____

_____ 1 Day X 0.75 day of arrival X _____

Allowable Hotel Per Diem: _____ Days X _____ hotel per diem rate _____

Tax(domestic only) _____ hotel per _____

10% minimum: _____ Days X _____ diem rate _____ tax rate _____

Airfare/Train: _____

Registration/Tuition Fees: _____

Abstract Fee: _____

City Cab (\$65 each way): _____ 1 way _____ 2 ways _____

Personal Auto Mileage _____ Miles X _____ POV Reimb. Rate _____

Car Rental Expenses: _____ Days X _____

Taxi, Shuttle, Metro, Etc.: _____

Parking/Tolls: _____ Days X _____

Telephone: _____ Days X _____

Other (explain in comments) _____

Subtotal: _____

Less Outside Reimbursement: _____

Total Estimated Contract Cost: _____

Comments

Prepared By: _____ Ext: _____ Date: _____