## **Facilities Management Travel Summary Form**

Name	Empl ID #			
Dept				Stop#
Purpose of Trip				
Destination				
Departure Date		Time	(if flying, tin	ne left for airport)
Return Date		Time		
	Meals Not Provi	ded	Lodging	Personal Vehicle
Dates of Travel	Travel must begin PRIOR to 7 a.		Reimbursement	Mileage
	Breakfast Lunch 6am-11:59am 12-5:59pm	Dinner 6pm-12am	Yes No	
Lodging Fee:*	\$		Parking Fee:*	\$
Luggage Fee:*			Shuttle/Taxi:*	
Outbound Flight	\$		Arrival \$	<u> </u>
Return Flight (Justification for addi	\$ tional bags)		Departure \$	_
* Requires Original Receipt				
Other Comments:				
				 Date