

2024 Request for Travel and Meeting Attendance

◆ Lakeview College of Nursing ◆

903 North Logan Avenue, Danville, IL 61832 ◆ 580 West Lincoln Avenue, Charleston, IL 61920

Date _____

Name _____ Title _____

Purpose of trip (indicate meeting sponsor, location and explain the necessity for making trip. -**Attach full agenda**)

Names of other Faculty/Staff attending: _____

Estimated Travel Costs:

Transportation: Car \$0.67 per mile X _____ round trip miles = \$ _____

Flight \$ _____ Airport Parking \$ _____ Baggage Fees \$ _____ \$ _____

**Meals (Breakfast \$8.00 / Lunch \$14.00 / Dinner \$23.00 per meal/per day maximum) . . . \$ _____

(Prices shown are allotment per day/per meal. Example: if your dinner costs \$16.42; you only get reimbursed that specific amount...if your dinner costs \$38.20; you only get reimbursed the daily allotment of \$23.00. No reimbursement on gratuity over allotment amount or if meals are included in conference. Anything over allotment will be the employee's responsibility.)

Hotel/Motel (Check-in Date: _____ Check-out Date: _____). \$ _____

*Registration or Fees to be paid. \$ _____

Other expenses (explain) _____ \$ _____

TOTAL ESTIMATED COST OF TRIP. \$ _____

Date of Departure: _____ Date of Return to LCN: _____ Total days: _____

Request initiated by _____ Date _____

Administration Approval _____ Date _____

***If registration or fees are to be paid in advance, the completed registration form must accompany this request.**

****All itemized receipts must accompany request for reimbursement.**

To be completed by Business Department

Date Request Received _____ Check No. and Date _____

Account Number _____ Notes: _____