

# 2023 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 \$0.655 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.**

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## To be completed by Business Department

Date Request Received \_\_\_\_\_ Check No. and Date \_\_\_\_\_

Account Number \_\_\_\_\_ Notes: \_\_\_\_\_