



Year End Travel Encumbrance Form

Employee Name: [Click or tap here to enter text.](#)

Department Number to be charged: [Click or tap here to enter text.](#)

Dates of Travel: From: [Click or tap to enter a date.](#) To: [Click or tap to enter a date.](#)

Destination/Purpose of Travel: [Click or tap here to enter text.](#)

Estimated Expenditures: Mileage	Click or tap here to enter text.
Commercial Transportation	Click or tap here to enter text.
Airfare/Baggage Fees	Click or tap here to enter text.
Meals	Click or tap here to enter text.
Lodging	Click or tap here to enter text.
Parking	Click or tap here to enter text.
Rental Car	Click or tap here to enter text.
Registration (if you are paying it)	Click or tap here to enter text.
Other	Click or tap here to enter text.
Total amount requested	Click or tap here to enter text.

Attach justifications for the amounts above (reservations, agenda, mapquest, etc.).

Employee Signature _____

Budget Manager Authorization _____

Accounting Office Authorization _____