



**Year End Travel Encumbrance Form**

Employee Name: \_\_\_\_\_

Department Number to be charged: \_\_\_\_\_

Dates of Travel: From: \_\_\_\_\_ To: \_\_\_\_\_

Destination/Purpose of Travel: \_\_\_\_\_

Estimated Expenditures: Mileage	_____
Commercial Transportation	_____
Airfare/Baggage Fees	_____
Meals	_____
Lodging	_____
Parking	_____
Rental Car	_____
Registration (if you are paying it)	_____
Other	_____
Total amount requested	_____

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

Employee Signature \_\_\_\_\_

Budget Manager Authorization \_\_\_\_\_

Accounting Office Authorization \_\_\_\_\_