



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 Approval _____
(Budget manager of paying dept.)

Supervisor approval _____
(if different than Budget Manager)