



ALL students will fill this field out

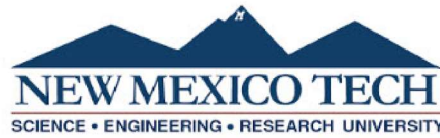


SOME students will fill this field out



Students will NOT fill this field out

***THIS INSTRUCTIONS SHEET IS ONLY VALID FOR APPROVED GSA TRAVEL! ***



Travel Request Form

Date: 6/13/2022

If the student is filling out the form, they will select yes, otherwise, information will be input below



Are you the Traveler? * No



Traveler First Name: Last Name: Banner ID: Email: Citizenship: -- Please Select --

Who should be contacted with questions? * -- Please Select --



Student should be contacted in most cases

Department: GSA



Travel Departure Point (Where will you begin your trip?): * Other

Departure Address:



Unless leaving from New Mexico Tech, must put departure point

Is this travel Domestic or International? * -- Please Select --



Destination: Date of Departure: Date of Return: Check for Multiple Destinations

Destination should include city and state (country if international travel) (ex. Socorro, NM)

Travel Justification

Provide the reason for the trip and demonstrate that the travel is necessary. Supporting documentation detailing the importance of the travel/or conference must be attached such as a brochure, invitation, registration form, etc. The reason must show the benefit to NMT and/or the specific grant/contract being charged. If no documentation is available, specify how information about the trip was obtained (letter, telephone, contract, etc.). Include the following:



Purpose and Benefits of Trip - Explain the reason for the trip, as well as benefits to your division and NMT

MUST be filled out with complete purpose and benefit

Attach Documentation: Choose File No file chosen Files over 25 MB will not be accepted



Please include any special instructions:

Most likely blank

Attach Documentation: Choose File No file chosen Files over 25 MB will not be accepted

Expense	Description	Payment Method	Days/ Nights	Rate/ Amount	Total
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Per Diem Rate

NMT Per Diem

Most Travel will use
the "NMT Per Diem"

Board of Regents Rate:

Total Reflects First and Last Day Reduction Rules

Information in Travel Estimate should be filled out for expenses occurring, if an expense is not occurring, please leave blank

Federal Per Diem

Hotel

* -- Please Select --

Transportation

Airfare

* -- Please Select - v

Standard Roundtrip Mileage from Socorro to:

-- Please Select --

Miles:

0

Personal Vehicle

* -- Please Select - v

Official Vehicle #:

Car Rental

* -- Please Select - v

Fuel

* -- Please Select - v

Taxi/Shuttle

* -- Please Select - v

Registration

Vendor Name: *

* -- Please Select - v

Miscellaneous

*

Internet

*

Parking

*

Miscellaneous

*

Describe Misc. 1: *

Describe Misc. 2:

Describe Misc. 3:

Total Pcard

Total Prepayments

Total NMT Payments

Advance Allowed

Requested Advance Amount

(Cannot Exceed Advance Allowed Amount)

"Advance allowed" may be less than total, the amounts should autofill.

Check to Reset Travel Estimate (Allowed Once)



Total Estimate:

Distribution:



Index: * Account: * Activity Code:

Add More Rows? **710201**



Receipts and Documentation

Upload Documentation/Receipts:



No file chosen

Files over 25 MB will not be accepted

No file chosen

Files over 25 MB will not be accepted

No file chosen

Files over 25 MB will not be accepted

No file chosen

Files over 25 MB will not be accepted

No file chosen

Files over 25 MB will not be accepted

No file chosen

Files over 25 MB will not be accepted

A PDF copy of the email granting you funds MUST be attached in addition to receipts and invoices!

The requestor and approving authorities certify that the above constitutes NMT business related Travel.

*

(click to sign)

Requestor Signature _____ Date _____

Please enter contact information for the form participant(s) listed below. **This request can not be processed without their signature(s).**



Supervisor, Dept. Division Head or P.I.:

First Name: * Last Name: * Email Address: *

Send to another department to concur?

EMAILS MUST BE ENTERED CORRECTLY OR THEY WILL NOT ROUTE CORRECTLY

Approvals

Supervisor, Department Division Head or P.I.

Supervisors need to also be concurred if going for work.

Supervisor, Dept. Division Head or P.I. _____ Date _____
Signature

Signing as Proxy

No file chosen

Files over 25 MB will not be accepted

Comments:

Travel Office

Comments:

Route To:

SFA - Cost Accounting SFA - Research Accounting Business Office Other Accountant 1 Other Accountant 2

*

Travel Office Signature _____ Date _____



You must submit the form for it to be received by the Travel Office