*Revised 3/2013

# RADFORD UNIVERSITY
# REQUEST FOR TRAVEL (RFT) FORM

When required, this form must be completed and properly approved **PRIOR TO MAKING ANY TRAVEL ARRANGEMENTS OR COMMITMENTS.**

READ Travel Policies to avoid out of pocket expenses and ensure compliance with State and University requirements

Day travel and non-exception overnight travel expenses less than $500: Obtain verbal approval from supervisor, no RFT Form required.

**Request for Travel Form is required for all travel when:**

*Travel is funded by Sponsored Programs (i.e. grant funds) regardless of amount

*Overnight travel expenses are greater than $500; must be approved by the Division Approving Authority

***All travel request exceptions regardless of the cost:**

*Travel Designee Approval Required: Travel lodging expense up to 50% over the State rate, and Alternative Lodging

*President Approval Required: Travel of 4 or more employees to a single destination

*President Approval Required: International Travel (areas outside of the 48 contiguous United States)

*Secretary of Education Approval Required: International Travel of 4 or more employees (coordinated by President's Office)

Traveler is a: _____ Employee _____ Student _____ Guest

Name: _____ ID: _____ Date of Request: _____

Department: _____ Fund/Org/Prg code: _____

Destination: _____

Purpose of Trip: _____

Departure Date: _____ Return Date: _____

**Purchase Requisition numbers may be added after the RFT approval has been granted.**

**Estimated** cost for: SSB Purchase Order #: _____ *Enter reimbursable expenses to traveler only

Airfare: _____ Airfare SSB PO #: _____

Enterprise Rental Car: _____ Enterprise SSB PO #: _____

Personal Vehicle: $ - _____ Rate _____ Miles

Lodging: $ - _____ Rate _____ # of Nights _____ Allowable Rate $ - 150% Rate

Meals & Incidentals: _____ Only allowed for overnight travel. Calculate based on link: (Check 'Round Up' Box)

M&IE Calculator Attach a copy to the RFT as supporting documentation

Registration/Training: _____ Registration eVA PR #: _____

Other: _____ (Taxes, tolls, parking, fuel, etc.) _____

Business Meal: _____ (Complete Business Meal section below)

Total Estimated Exp: $ -

List the names of any other university personnel who are traveling to the same destination:

**Lodging Exception Request (Approval up to 150% of allowable rate)** $ - **150% Rate**

Justification for lodging exception:

_____ Conference hotel over allowable rate (staying at another hotel would result in additional travel cost)

_____ No other hotel rooms available within reasonable distance from where business is being conducted

_____ Conference hotel booked - alternative hotel recommended

_____ Other (Provide Explanation): _____

**Business Meal Documentation - See Travel Policy Section I for Requirements - Travel Designee Approval Required**

Purpose/Reason for Meal: _____

Type of Meal: _____ Breakfast _____ Lunch _____ Dinner

All persons involved in the meal: _____

Request approval for 150% rate: _____ Yes _____ No

**Signatures & Approvals as applicable:*(Approve Allowed Costs, not Total Costs)***

| | Title | Signature | Amount | Date |
|---|---|---|---|---|
| Traveler: | | | $ Amount Requested | |
| Sponsored Programs: | | | $ Amount Approved | |
| Division Approval: | | | $ Amount Approved | |
| Travel Designee: | | | $ Amount Approved | |
| Vice President: | | | $ Amount Approved | |
| President: | | | $ Amount Approved | |

**Attach original to the travel reimbursement voucher; send to Accounts Payable, Box 6906.**