

# College of Education Travel Estimate Form

Revised 8.9.2024

**DIRECTIONS:**

- This form must be submitted to the College of Education **at least 30 days prior to travel departure date. Forms turned in late will not be processed.**
- Estimate your expenses on this form. The Dean’s Office Travel Coordinator will use the information you provide when processing **Travel Request**.
- Please attach a document showing the cost of registration, presentation acceptance letter (if applicable) and the program agenda (if available).
- If you are adding personal days to your travel, be sure you include an airfare quote for the business portion only.
- Submit all items as **ONE** complete package to [coetravel@fullerton.edu](mailto:coetravel@fullerton.edu), this packet will be attached to Travel Request Application for reference approval.
- **Do not leave blank lines on the estimate form.** If you do not wish to claim an item, please put zero on the line.
- If using Dean’s Travel Award, send APA citation to [coetravel@fullerton.edu](mailto:coetravel@fullerton.edu).

Date			
Department			
Name of Traveler			
Title (Assistant/Associate/Full Professor, Lecturer, Staff)			
CWID			
Traveler’s Home Address			
Name of Conference			
Presenting at Conference?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Is any portion of this travel personal? (List date(s) and location)			
Any expenses paid by P-Card? (If so, please list expenses)			
Trip Destination (Please refer to <a href="#">travel ban</a> policy)	Virtual	Virtual	
	City	State/Country	
Departure			
	Day	Time	
Return			
	Day	Time	

	Account Charged	Account Number (To process the claim you must include the account number)	Approve Amount (indicate the exact amount approved)
<input type="checkbox"/>	Budget allocation from another on-campus department housed in my department budget		\$
<input type="checkbox"/>	External Grant Housed in ASC Account*		\$
<input type="checkbox"/>	External Grant Housed in Philanthropic Foundation Account*		\$
<input type="checkbox"/>	Funding from my home Department		\$
<input type="checkbox"/>	Funding from Dean’s Travel Award		\$
<input type="checkbox"/>	Other: (i.e. externally funded, ASI, etc.).*		\$

\*If funded by non-COE source, please provide contact info of funding source manager so proper signatures can be obtained.

**Estimation of Expenses (all boxes must be complete)**

Conference Registration (please attach a document that shows the cost of registration)	\$
Meals (per diem rate by destination city—receipts not required for Expense Claim)	Not applicable
Lodging (\$333.00 maximum per night or conference hotel)	Not applicable
Mileage (round trip)	Not applicable
Rental Car	Not applicable
Airfare	Not applicable
Miscellaneous (Internet, phone, taxi, parking)	Not applicable
<b>Total Estimated Cost:</b>	