

# PRE TRAVEL REQUEST FORM

This form is to be used to obtain pre-approval from your supervisor for your travel plans. Please forward the completed form to your division manager, travel coordinator and associate chair no later than the below:

For in-state travel: No less than 1 week prior to your trip

For out-of-state travel: No less than 3 weeks prior to your trip

For international travel: No less than 6 weeks prior to your trip

*In rare events that minimum requested notice cannot be provided, this form will require approval from the department chair or associate chair.*

## GENERAL INFORMATION

Date of Request:

Traveler's Name:

Travel Location:

Purpose of trip (include presentations to be made and benefit to project):

Departure Date/Time:

Return Date/Time:

*Departure and return date should be no longer than 1 day before and 1 day after business event.*

## TRANSPORTATION

### Mileage:

Is a state car available for your trip?  Yes  No  Opt for Convenience Rate  Not Applicable

*Written or e-mail documentation must be provided from the UNC Motor Pool Office stating the unavailability of a state car for your trip and attached to this form to be reimbursed at the full mileage rate. Instances for selecting Not Applicable include travel to an airport or carpooling with other staff.*

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**Airfare:**

Will airfare be required for this trip?  Yes  No

The following is only permitted for international flights:

Are you requesting to fly in business or first class?  Yes  No

If yes, provide justification:

*If airfare is needed, attach desired flight itinerary to this request for travel coordinator to arrange airfare through the UNC Central Airfare Billing (CABs) system*

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**Rental Car:**

Will you need a rental car for this trip?  Yes  No

If yes, provide justification:

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**LODGING**

Will this trip require lodging?  Yes  No

If yes, what type of room will you be staying in?  Standard Room  Premium Room

If staying in premium room, provide justification:

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**REGISTRATION**

Is there a registration fee associated with this trip?  Yes  No

*If yes, please attach the completed registration form in order for the travel coordinator to make direct payment to the vendor.*

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**REQUIRED ATTACHMENTS**

- Yes  N/A Agenda
- Yes  N/A UNC Motor Pool State Car Unavailability memo
- Yes  N/A Desired flight itinerary
- Yes  N/A Complete registration form for conferences
- Yes  N/A All required justifications

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Under penalties of perjury I certify this is a true and accurate statement of the State and that I have not claimed reimbursement for expenses paid or to be paid by another organization.

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Traveler Signature/Date

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Supervisor Signature/Date

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Administrative Signature/Date