

UNIVERSITY OF HAWAII TRAVEL FORM

CAMPUS: _____

DATE: _____

REQUEST
 COMPLETION
 REVISION
 INTRA-STATE
 US & TERRITORIES
 FOREIGN

T DOC NUMBER:	Last Name, First Name, Middle Initial	KFS E DOC NUM:
	Department	Vendor Code

ITINERARY

SOURCE OF FUNDS/PURPOSE & JUSTIFICATION FOR TRAVEL

Proposed Depart Date	Proposed Return Date	Actual Depart Date & Time	Actual Return Date & Time
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	PO No.	ESTIMATED EXPENDITURES (Include PO Costs)			ADVANCE	ACTUAL EXPENDITURES (Out of Pocket - Exclude PO Costs)			Due Traveler/ Owed UH ¹
		Days / Miles	Rate	Amount*	Amount	Days / Miles	Rate	Amount*	Amount
Per Diem									
M&IE									
Less Meals									
Lodging									
Air Fare									
Taxi/Car									
Mileage									
Registration Fee									
Other									
TOTAL*					TOTAL*				

Comments (Purpose/Justification/Revision for Travel)

	Advance Check No. & Date		KFS Advance Deposit eDoc No. & Date
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ADVANCE				DI to Reverse Advance & Reclassify Actual Expense				CLAIM DUE TRAVELER			
Account Code	Subcode	N	Debit Amt	Account Code	Subcode	Credit Amt	Debit Amt	Account Code	Subcode	PFN	Debit Amt
TOTAL*				TOTAL*				TOTAL*			

APPROVALS – REQUEST/ADVANCE:
 I understand that failure to submit the completed Employee Travel Form (for TRAVEL ADVANCES RECEIVED) within 21 calendar days of the proposed return date of my trip will initiate action by the UH to include this payment in my gross income subject to withholding and taxes, resulting in a reduction to my normal take home pay.

Traveler	Date
Approving Authority	Date
Fiscal Authority	FA Code Date
Dean/Director/Chancellor/VP/President	Date

APPROVALS – REIMBURSEMENT/COMPLETION:
 I, as traveler, certify that all expenses claimed in this report have been incurred and expended for the purpose of the above-mentioned travel, in accordance with applicable policies and procedures, federal rules and regulations, and applicable State laws.

Traveler	Date
Approving Authority	Date
Fiscal Authority	FA Code Date
Travel Revision-Dean/Director/Chancellor/VP/President	Date