

**State of Nebraska
Travel Request Form**

Agency: _____ Date of Request: _____
Department/Division: _____ Date Leaving: _____
Location: _____ Date Returning: _____
Meeting/Purpose: _____
To be attended by: _____

Was this meeting attended last year? Yes ____ No ____

Flight Information

Carrier(s): _____ Round Trip Cost: _____
Originating City: _____ Final Destination: _____
Connecting City(ies): _____

Other Modes of Travel

Ground Transportation (type):
Personal Vehicle ____ State Vehicle ____ Other _____
Estimated Cost: _____

Other Estimated Expenses

Lodging: _____ Total # of Nights: _____ Meals: _____
Conf/ Registration: _____
Miscellaneous: _____
Ground Transportation at Destination:
Taxi ____ Rental Car ____ Other _____

Total Cost/Person: _____

Other Remarks: example - Special Pricing _____

Approved:

Agency Director

Head of Division