

**Gift to Agency – Travel Request**

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| --- | --- | --- | --- |
| **Campus Information** | | | |
| **Campus Name:** |  | | |
| Address: |  | | |
| City: |  | State, ZIP: |  |
| Campus Contact: |  | Title: |  |
| Phone Number: |  | E-mail: |  |
| **Official Using**  **Travel Payment:** |  | Title: |  |
| Department: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Donor Information** | | | |
| **Donor Name:** |  | | |
| Address: |  | | |
| City: |  | State, ZIP: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Travel Payment Information** | | | |
| Gift Amount: |  | Date  Received: |  |
| Travel Location: |  | | |
| Date(s) of Travel: |  | To: |  |

**ESTIMATED TRAVEL EXPENSES:**

|  |  |
| --- | --- |
| Transportation Expenses | $ 0.00 |
| Lodging Expenses | $ 0.00 |
| Meal Expenses | $ 0.00 |
| Other Expenses | $ 0.00 |
|  |  |
| **Total Estimated Expenses:** | **$ 0.00** |

***Describe purpose of trip, and use of travel gift for official agency business:***

***I have determined that it is in the interest of the agency to accept this travel gift and use it for the official agency business described above.***

Signature of Agency Head or Designee Print Name Title Date

9/12/2014