

EPIC TRAVEL REQUEST FORM

**A FULLY COMPLETED REQUEST MUST BE SUBMITTED TO
THE EPIC ADMINISTRATOR FOR ALL OVERNIGHT TRAVEL
AT LEAST 2 WEEKS IN ADVANCE**

EMPLOYEE NAME: _____ PROGRAM: _____

EVENT TITLE: _____

DESTINATION (address): _____

EVENT START DATE: _____

EVENT END DATE: _____

EVENT START TIME: _____

EVENT END TIME: _____

TRAVEL DATE REQUIRED? NO

YES – 1 DAY BEFORE LEAVE TIME: _____

YES – 1 DAY AFTER LEAVE TIME: _____

TYPE OF TRANSPORTATION (EPIC VEHICLE, PERSONAL VEHICLE, OTHER - PLEASE SPECIFY): _____

PURPOSE OF MEETING/EVENT: _____

YOUR ROLE IN THE MEETING/EVENT: _____

INCLUDE A BRIEF DESCRIPTION OF THE MEETING/EVENT and HOW IT RELATES TO YOUR PROGRAM: _____

WHO WILL YOU SHARE THIS INFORMATION WITH AND WHEN? _____

HOW WILL YOU USE THIS INFORMATION TO HELP YOUR PROGRAM? _____

PLEASE NOTE: FOR CONSIDERATION, AN AGENDA SHOULD BE ATTACHED TO THIS REQUEST. IF YOU DON'T HAVE ONE PRIOR TO THE EVENT/MEETING, YOU SHOULD ATTACH SOME KIND OF DOCUMENTATION OF THE EVENT/MEETING AND THEN PROVIDE AN AGENDA WHEN YOU RETURN. IN ADDITION, A PRINTOUT OF BUDGET LINE ITEMS THAT WILL BE PAYING FOR THIS TRAVEL (581, 582, etc.) IS REQUIRED. PLEASE PROVIDE AN ESTIMATE OF HOW MUCH WILL BE SPENT FROM EACH LINE ITEM. YOUR REQUEST MAY NOT BE APPROVED UNLESS ALL SUPPORTING DOCUMENTATION IS PROVIDED. ONCE APPROVED, THIS FORM WILL BE RETURNED TO YOU AND SHOULD BE SUBMITTED WITH YOUR TRAVEL REIMBURSEMENT AFTER THE EVENT/MEETING.

EMPLOYEE SIGNATURE: _____ Date Submitted _____

Received by EPIC Administrator _____

Approved

Not Approved