

**PERU STATE COLLEGE
REQUEST FOR EXPENSE REIMBURSEMENT, ABSENCE, TRANSPORTATION**

REQUESTOR DATE REQUEST FILED

Date and Time To Be Absent From Campus: _____
(leave) (return)

Date and Time Vehicle Needed: _____
(leave) (return)

DESTINATION AND PURPOSE OF TRIP:

No.	Vehicle Request Type	Total Occupants Including Drive	Driver	Vehicle # Approved	Date of Approval	Vehicle Unavailable
	Sedan	_____	_____	_____	_____	_____
	Wagon	_____	_____	_____	_____	_____
	Van	_____	_____	_____	_____	_____

*If state vehicle is not available Maintenance will notify requestor.

Charge Transportation to: _____ Other Charges: _____

ADDRESS OR PHONE NUMBER WHERE YOU CAN BE REACHED WHILE OFF CAMPUS: _____

THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE FOR CLASSES WHICH WILL BE MISSED:

Classes Missed	Specific Arrangements Made for Each Class
_____	_____
_____	_____

TRANSPORTATION VIA:	REQUESTOR	CHAIRPERSON/ COORDINATOR	VICE PRESIDENT
<input type="checkbox"/> State Car	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Personal Vehicle <small>Mileage must be approved in advance see weekly expense sheet for mileage rate</small>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Commercial	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Hotel	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Meals	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Registration Fee	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

REQUEST APPROVED BY: _____ DATE APPROVED: _____

Division Chairman/Coordinator

Vice President

President - for out of state travel only

Reimbursement from College
Funds Is Not to Exceed
\$ _____