

Employee information (1)

Employee name	Assigned location	Current job title

Event description (2)

Event name	Event fee
Describe event	
Describe relevance to current assignment	

Event begins	Date	Sat	Time
Event ends	Date	Sat	Time
Extra travel days	Leave day before?		Return day after?

Verify

Leave Saturday, 1/0, return Saturday 1/0 - hotel needed for 0 night(s).

Event location (venue) (3)

Venue name (hotel name, etc.)		
Venue street address		
City	State	Zip
Staying at conference hotel?	Conference hotel rate/night	
Travel to event by...		

Mileage - enter distance to event location - required even if traveling by common carrier

One way mileage (4)	This is a REQUIRED FIELD	Total estimated tolls (optional)	\$ -
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Common carrier fares - optional

Origin airport	
Destination airport	
Estimated fare	
Rail fare (optional)	
Find estimated fare at:	www.gsa.gov/citypairsearch

Per diem reimbursement - required (5)

Event venue city	
Meals per diem rate	See Link Below to obtain this info
Lodging per diem rate	See Link Below to obtain this info
Per diem rates at:	www.gsa.gov/perdiem

Estimated cost of travel

Event fee	\$ -	
Travel to destination	-	Round trip mileage times GSA per mile rate of \$0.55 plus tolls.
Lodging	-	No hotel for events less than 100 miles away.
Meals	-	100% GSA rate for 0 full day(s) and 75% GSA rate for 1 travel day(s).
Local travel	-	\$25 per full day at destination.
Total	\$ -	
Spent upfront	\$ -	(Spent immediately - includes event fee and air/rail tickets if any)
Spent while traveling	\$ -	(Hotel, meals, mileage etc. - expense will be incurred during the trip)

Approvals - use as many blocks as necessary to capture required approval chain (6)

Employee submitting	0	Name	
Signature	s/	Signature	s/
Date submitted		Date	

Name		Name	
Signature	s/	Signature	s/
Date		Date	



Travel Proposal Directions

1. **Employee Information:** Complete the following sections,
 - a. Employee Name
 - b. Assigned Location
 - c. Current Job Title
2. **Event Description:** Complete the following sections,
 - a. Event name
 - d. Event fee
 - e. Describe event – Be detailed with your description
 - f. Event begins Date
 - g. Sat Time
 - h. Event ends Date
 - i. Sat Time
3. **Event Location (Venue)**
 - a. Venue name (hotel name, etc.)
 - b. Venue street address
 - c. City
 - d. State
 - e. Zip
 - f. Staying at conference hotel – only completed if the conference/workshop offers a specific hotel to be reserved as a package or at a discount rate
 - g. Conference hotel rate/night – only completed if the conference/workshop offers a specific hotel to be reserved as a package or at a discount rate
 - h. Travel to event by – Click the drop down arrow and choose one of the options
4. **One-way mileage – This is a REQUIRED FIELD. You can use MapQuest to obtain the mileage to the venue. The starting destination is ALWAYS from 797 Westminster St. Providence, RI 02903. It is NEVER your home address.**
5. **Per diem reimbursement – The per diem rates can be found on www.gsa.gov/perdiem**
 - a. Event venue city
 - b. Meals per diem rate
 - c. Lodging per diem rate
6. **Approvals – Please see the Travel Proposal procedures for the correct required signatures**

****THIS FORM MUST BE COMPLETED ONLINE. IF IT IS HAND WRITTEN IT WILL BE RETURNED TO YOU TO COMPLETE ONLINE, THERE ARE NO EXEPTIONS.**