

# River Valley Child Development Services Travel Planning Form

The employee requesting travel or event attendance completes this form to assist with travel planning and estimated expenses.



This form is to be completed by the employee requesting travel to assist with the planning and calculating of estimated expenses associated with the travel.

Enter employee and event information in this section

**Employee Name:** Jane Doe  
**Job Title:** Early Childhood Specialist  
**Mobile Phone:** 111-222-3333  
**Date of Birth:** 1/1/1990  
**Event Location:** Phoenix, Arizona

**Program:** Choices  
**Email Address:** jdoe@rvcds.org  
**Event Name:** Trainer Conference

## RVCDS Prepaid Expenses

### Lodging

*list two lodging choices*

**Check-In Date:** 11/1/2021  
**Check-Out Date:** 11/5/2021  
**Lodging Preference 1**  
**Hotel Name:** Hotel Phoenix  
**Hotel Address:** 123 Phoenix Street Phoenix, AZ 12345  
**Hotel Phone:** 444-555-6666      **Hotel Website:** www.hotelphoenix.com  
**Approx. Cost/Night:** \$ 175.00      **Total # of Nights:** 4      **Total Est. Lodging:** \$ 700.00

Due Date for Booking Special Rate: 9/15/2021

Enter lodging information - check-in/check-out dates. Enter early bird/special rate due date for lodging. Enter two lodging choices.

**Lodging Preference 2**  
**Hotel Name:** Holiday Inn Express  
**Hotel Address:** 438 Holiday Lane Phoenix, AZ 12345  
**Hotel Phone:** 777-888-9999      **Hotel Website:** www.holidayinn.com  
**Approx. Cost/Night:** \$ 182.00      **Total # of Nights:** 4      **Total Est. Lodging:** \$ 728.00

### Airfare and Commercial Ground Transportation:

Attach 2 preferred flights (must have departure and arrival airports/cities, flight number(s), departure and return dates, and airlines listed).

Attach preferred commercial transportation method (i.e. shuttle, taxi, uber).

**Estimated Roundtrip Airfare :** \$ 475.00  
**Estimated Roundtrip Comm. Transportation:** \$ 70.00  
Employee may pay for and submit for reimbursement. If so, list this expense in "employee expenses" on request form.  
**Estimated Roundtrip Baggage Fees:** \$ 60.00  
Employee may pay for and submit for reimbursement. If so, list this expense in "employee expenses" on request form.  
**Estimated Other Fees (list):** \_\_\_\_\_  
Employee may pay for and submit for reimbursement. If so, list this expense in "employee expenses" on request form.  
List Other: \_\_\_\_\_  
**Total Airfare and Commercial Ground Transp:** \$ 605.00

### Registration

Attach registration form/information showing registration due date & amount.

**Registration Due Date:** 10/1/2021  
**Select Registration Method:** Online Form  
**Total Registration Fee:** \$ 325.00

enter estimated cost for preferred flight; commercial transportation (shuttle, taxi, etc.), baggage fees (if checking baggage) and any other expenses not listed.

list registration due date; method of registration (online or paper form); and enter registration fee amount

## Employee Reimbursable Expenses

### Transportation - Driving Personal Vehicle

enter expected miles that will be traveled "to", "while visiting" and "from" destination. Total roundtrip miles (RT) and total expense will auto-calculate

enter total number of days expected to have to pay for parking (airport, hotel, etc.) and amount per day

<b>Mileage</b>	<b>Parking</b>	<b>Tolls</b>
<b># miles to destination:</b> <u>30</u>	<b># days:</b> <u>5</u>	<b># Tolls:</b> _____
<b># miles while visiting destination:</b> <u>0</u>	<b>Estimated Rate/Day:</b> \$ <u>20.00</u>	<b>Rate/Toll:</b> _____
<b># miles return from destination:</b> <u>30</u>	<b>Total Parking:</b> \$ <u>100.00</u>	<b>Total Tolls:</b> \$ <u>-</u>
<b>Total RT Miles:</b> <u>60</u>		
<b>Mileage Rate/Mile:</b> \$ <u>0.56</u>		
<b>Total Mileage Expense:</b> \$ <u>33.60</u>		

research the daily M&IE per diem for the travel destination (city & state). Consult the per diem meal eligibility chart in the travel procedures to determine meal eligibility for departure & return times. Do not claim meals that will provided at no cost to the employee.

enter the total number of toll booths expected to travel through and amount per toll

### Meals visit [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem)

If any meals are included in the price of lodging and/or provided at the event at no additional charge to the employee, that meal must be deducted from the per diem.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Breakfast		\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00			
Lunch	\$ 15.00				\$ 15.00			
Dinner	\$ 23.00	\$ 23.00	\$ 23.00	\$ 23.00	\$ 23.00			
Incidental	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00			
<b>TOTAL DAY</b>	<b>\$ 43.00</b>	<b>\$ 41.00</b>	<b>\$ 41.00</b>	<b>\$ 41.00</b>	<b>\$ 56.00</b>	<b>\$ -</b>	<b>\$ -</b>	

**Total Meal Expense:** \$ 222.00