Conference/Workshop Trip Calculator

Agreement Number: _____ Sponsor Name: _____

Name of conference/workshop: _____

Destination address: _____

Date(s) of travel: _____

Name of traveler: _____

Mileage:

Number of Miles	Current Mileage Rate	Total

Airfare:

Ticket Price	Baggage Fee	Total

Hotel:

Number of Nights	Rate	Total

Per Diem for Full days:
(do not include first and last day of travel)

Number of FULL Days	Full Day Rate	Total

First Day Rate	Last Day Rate	Total

Meals Backed Out (-)

Per diem rates must be adjusted in meals were included with conference

Other incidental fees (i.e., parking fees, etc.):

Type of fee	Cost
Total	

Grand Total Cost of Travel	

_____   _____
Signature of traveler   Date