COST EFFECTIVE TRANSPORTATION FORM

Name________________________________________________ADP#____________________________

Travel Dates______________________ Travel Location________________________________________

Personal Vehicle
Total # of miles ___________ @ $.545 per mile = Total Cost _____________________________________

Fleet Vehicle
Is Fleet Vehicle available? Yes  or No
Contact name________________________________ Date _______________________________
If yes, total estimated cost of fleet vehicle $___________________________

Rental Car
Total estimated cost of rental car $__________________________________Car Size________________________

Rental car cost comparison tool
Economy, compact and mid-size (intermediate) car are authorized
Written justification approved by Department Manager required for use of any other size.

Airfare (to be completed for out-of-state travel only)
The following should be considered if savings results in more than $200:

• Departing two hours before/after preferred flight time
• Connecting flight versus non-stop
• Alternate airports within 60 miles of departing or destination location

Airfare #1:  Airline ______________________________________Cost $___________________________
Airfare #2:  Airline ______________________________________Cost $___________________________
Airfare #3:  Airline______________________________________ Cost $___________________________

**If selected transportation method is not the least expensive option, justification is required below.

Comments/Justification:_________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
________________________________________________________

I attest that these transportation cost estimates are valid and accurate and were obtained by me for the purpose of
acquiring the most cost-effective method of transportation for the travel.

Traveler Signature______________________________________Date___________________________

Dept Manager Approval_________________________________Date____________________________