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Travel Cost Comparison Form

| | | | | | |
|---|--|---------------------------------------|--------------------------------------|---|--------------------------------------|
| LAST NAME | | FIRST NAME | | DEPARTMENT | |
| ORIGINATION | | DESTINATION | | DATE (FROM-TO) | |
| OPTION 1 | FLIGHT | OPTION 2 | RENTAL CAR | OPTION 3 | PERSONAL CAR |
| Airfare Luggage | _____ _____ | Vehicle Rental Costs Gas | _____ _____ | Mileage Reimbursement ~or~ Gas | _____ _____ |
| Hotel Toll Parking Meals Airport Mileage Reimbursement and/or Shuttle/Taxi to/from Airport | _____ _____ _____ _____ _____ _____ | Hotel Toll Parking Meals | _____ _____ _____ _____ | Hotel Toll Parking Meals | _____ _____ _____ _____ |
| Total | _____ | Total | _____ | Total | _____ |
| Total Days | _____ | Total Days | _____ | Total Days | _____ |
| OPTION SELECTED | | | | | |
| NOTES ~explain why the option selected is the best | | | | | |
| TRAVELER SIGNATURE | | | | DATE | |
| MANAGER SIGNATURE | | | | DATE | |