



Request for Travel Authorization

DATE _____ DEPARTMENT _____

EMPLOYEE NAME _____ EMPLOYEE TITLE _____

REASON FOR TRAVEL: COLLEGE BUSINESS CONFERENCE/CONVENTION STAFF TRAINING

EXPLAIN REASON AND LIST NAMES OF OTHER EMPLOYEES ATTENDING:

Travel Description

AIR	RAIL	AUTO	DEPARTURE CITY	DATE	TIME	ARRIVAL CITY	DATE	TIME	ESTIMATED COST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			___ a.m. ___ p.m.			___ a.m. ___ p.m.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			___ a.m. ___ p.m.			___ a.m. ___ p.m.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			___ a.m. ___ p.m.			___ a.m. ___ p.m.	

HOTEL: NAME: _____ SINGLE TWIN

DATES NEEDED: _____ THROUGH _____ # OF NIGHTS: _____ @ \$ _____ PER NIGHT

CAR RENTAL: CITY: _____ # OF DAYS: _____

DATES NEEDED: _____ THROUGH _____ DOWNTOWN AIRPORT

MEALS: ENTER # OF EACH REQUIRED
BREAKFAST _____ LUNCH _____ DINNER _____

OTHER EXPENSES: PLEASE EXPLAIN FULLY (USE ADDITIONAL SHEETS IF NECESSARY)

Charge Account # _____

Total Cost: _____

Approval

DEPARTMENT CHAIR _____ DATE _____

DEAN _____ DATE _____

VICE PRESIDENT _____ DATE _____

PRESIDENT _____ DATE _____