

REQUEST FOR TRAVEL APPROVAL

Date Submitted _____

Name _____ Employee ID# _____

Title of Conference _____

Held at (City) _____

Dates (Include Travel Time) From _____ To _____

	Miles	Lodging	Meals	Other (specify)	Total
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTALS					

Signature _____ Advanced Requested \$ _____

Position _____ *(Cannot exceed 75% of meals and lodging plus 100% transportation and registration fees)*

Approved _____
College Officer Budget Approval

Approved _____
President Account Charged

THIS FORM MUST BE APPROVED AND SUBMITTED TO ACCOUNTS PAYABLE PRIOR TO THE TRIP.