TRAVEL ORDER

Date: ___________________________  Charge to Account: ___________________________

Name: ___________________________  Destination: ___________________________

Date and Time of Departure: ___________________________  Purpose: ___________________________

Date and Time of Return: ___________________________

Other members of party: ___________________________

TRAVELING OUT-OF-STATE—IF REIMBURSEMENT FOR TRAVEL OUT-OF-STATE IS REQUESTED, CHECK BELOW:

☐ Travel involved is integrally related to duties assigned. Failure to approve such travel would prohibit performing primary duties. Specify duty under explanation.

☐ The requested travel authorization is demonstrably required by terms of a contract or grant. Name contract or grant under explanation.

*** * If travel out-of-state is for attendance Conferences, Conventions or Meetings of associations and organizations, check below. * * * *

☐ Presentation of research findings and/or significant program participation at a meeting or conference, etc. Explain below:

☐ Officer of sponsoring organization with significant role in conduct of meeting, conference, etc. Name office and organization below:

EXPLANATION:

Please Note: This form must be completed and approved in advance of travel requested. Submit all copies for signature to your appropriate budget holder and then to the Business Office.

ESTIMATED TRAVEL EXPENSES

Check, and Provide Necessary Information: AMOUNT

☐ College reimbursement not required.

☐ Travel by College car requested.

Estimated mileage: ___________________________

☐ Reimbursement for travel by personal car requested.

(Mileage ___________________________ X State reimbursement rate .505 ___________________________

☐ Travel by personal car requested—No charge to College.

☐ Travel by common carrier (bus, airplane, train).

Fare: ___________________________

Meals: ___________________________

Lodging: ___________________________

Tolls: ___________________________

Dues or Registration Fee (please indicate) ___________________________

Other expenses (please indicate) ___________________________

Total requested by Traveler $ ___________________________

Total approved by Budget Holder $ ___________________________

REQUEST FOR COLLEGE VEHICLE ASSIGNMENT

☐ Approved  ☐ Disapproved (No vehicle available)  ☐ Not Applicable

REQUEST FOR TRAVEL

☐ Approved  ☐ Disapproved

☐ Approved  ☐ Disapproved

NOTE: Be sure to submit SIGNED COPY of this form to the Office of Business Affairs.

Please Note: Requests for reimbursement will be honored only up to the amounts indicated above.