

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

<input type="checkbox"/> College reimbursement not required.	
<input type="checkbox"/> Travel by College car requested. Estimated mileage: _____	
<input type="checkbox"/> Reimbursement for travel by personal car requested. (Mileage _____ X State reimbursement rate .505 _____)	
<input type="checkbox"/> Travel by personal car requested—No charge to College.	
<input type="checkbox"/> 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.**

Budget Holder

Appropriate Vice President