

Traveler:

Date Submitted:   Initial Request  Revised Request

Please Check all that apply:

<input type="checkbox"/>	In-State Travel	<input type="checkbox"/>	Excess Registration
<input type="checkbox"/>	In-State Excess	<input type="checkbox"/>	Excess Subsistence
<input type="checkbox"/>	Out-of-State Travel	<input type="checkbox"/>	Blanket Travel Authorization
<input type="checkbox"/>	Out-of Country-Travel	<input type="checkbox"/>	Reimbursement Authorization for Non-State Employee
<input type="checkbox"/>	Other (describe)		

Travel To:  Purpose of Travel: (Attach copy of brochure, fee schedule, etc.)

Beginning Date of Travel:  Ending Date of Travel:

Mode of Transportation  College Vehicle Available   
 College Vehicle Not Available

**\*Note:** If a college vehicle is available, there is no mileage reimbursement. Check availability by email with switchboard.

**TRAVEL AUTHORIZATION APPROVAL**

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Vice-President / Dean / Director Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date

\_\_\_\_\_  
President or Designee Signature / Date

**Travel Advance Request**

(if applicable)

	Advance to Traveler	Prepay Registration to Vendor	Total Advanced	Office of Finance Use Only Budget Code(s):
Transportation	\$ -		\$ -	
Subsistence	\$ -		\$ -	
Lodging	\$ -		\$ -	
Registration				
<b>Total</b>	\$ -	\$ -	\$ -	

**Please Mail Prepaid  
Registration to:**  
  
(name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRAVEL ADVANCE APPROVAL**

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Dean-Director Signature-Coordinator / Date

\_\_\_\_\_  
Supervisor Signature / Date

\_\_\_\_\_  
President or Designee Signature / Date