

Office of the Interim Provost and Vice President for Academic Affairs

Travel Request Form Instructional Personnel**

Traveler's Name:					
Title:	Department:				
Phone #	Fax #	Email:			
Purpose of Trip					
Class Coverage:** Coun	rse	Sec.:	Day	vs/Time:	
Substitute Name:					
<i>Itinerary Arrivals/Departi</i> Destination:					
Departing from (city/stat	te):	(on) Date:		(at) Time:	
Arriving at (city/state): _		(on)Date:		(at) Time:	
Return Trip: Departing from (city/star					
Arriving at (city/state):		(on)Date:		(at) Time:	
Itemized Expenses			<mark>N</mark> o	Funds Requested	
Lodgingdays @ \$/da Mealsdays @ \$/da	•		\$ \$		
Conference Registration Fe	•		\$		
Air/Train transportation			\$		
Taxis and Local Travel Rental Car			\$ \$		
Misc Expenses			\$ <u></u>		
Total Itemized Expenses			\$		
Funds requested			\$		

Emergency Contact I	<mark>nformation</mark>		
Name:			
Street Address:			
Phone #	Other #	Email:	
	Signature of Traveler	Date	
<u>Authorization</u>			
Amount approved &	allocated from PSC funding: \$_		
Department Chairperson (signature):		Date:	
	om OAA travel fund \$		
P & B Authorization (signature):		Date:	
Provost/Dean (signature):		Date:	
Date Submitted to Pr	esident's Office (if applicable): .		

**This form is to be used by instructional faculty and staff when traveling on college business during the academic year-- from the first day of classes, Fall Semester to last day of classes, Spring Semester. Winter Intersession is included in this time period. However, this form is not required for travel during the Spring Break unless travel expenses are being requested.

***Any faculty substitution must be approved by the department chair and the Provost. As per the by-laws, department chairs approve all teaching assignments and in the case of part time employees, approval must come from the Provost.

