Travel Request Form
Instructional Personnel**

Traveler’s Name: ________________________________
Title: ____________________________________________ Department: __________________________
Phone # __________________ Fax # ____________ Email: ________________________________

Purpose of Trip: ____________________________________________________________

Class Coverage: ** Course ____________ Sec.: _____ Days/Time: ______
Substitute Name: ________________________________

Itinerary-- Arrivals/Departures
Destination:
Departing from (city/state): ________________ (on) Date: ________ (at) Time: _____
Arriving at (city/state): ________________ (on) Date: ________ (at) Time: _____

Return Trip:
Departing from (city/state): ________________ (on) Date: ________ (at) Time: _____
Arriving at (city/state): ________________ (on) Date: ________ (at) Time: _____

Itemized Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging <strong>days @ $</strong>/day</td>
<td>$</td>
</tr>
<tr>
<td>Meals _<strong>days @ $</strong>/day</td>
<td>$</td>
</tr>
<tr>
<td>Conference Registration Fees</td>
<td>$</td>
</tr>
<tr>
<td>Air/Train transportation</td>
<td>$</td>
</tr>
<tr>
<td>Taxis and Local Travel</td>
<td>$</td>
</tr>
<tr>
<td>Rental Car</td>
<td>$</td>
</tr>
<tr>
<td>Misc Expenses</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Itemized Expenses $ ____________
Funds requested $ ____________

No Funds Requested [ ]
**Emergency Contact Information**

Name: ____________________________________________

Street Address: ____________________________________________

Phone # ______________ Other # ______________ Email: _______________

_____________________________  ________________________
Signature of Traveler             Date

**Authorization**

Amount approved & allocated from PSC funding: $_____________________

Department Chairperson (signature): ___________________________ Date: _______________

Amount requested from OAA travel fund $ __________________________

P & B Authorization (signature): ___________________________ Date: _______________

Provost/Dean (signature): ___________________________ Date: _______________

Date Submitted to President’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.***