Travel Request Form  
Instructional Personnel**

Traveler’s Name: ________________________________

Title: _________________________________________ Department: ________________

Years at Hostos Community College/Full Time: ________________________________

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>Item</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>$</td>
</tr>
<tr>
<td>Total Itemized Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Funds requested</td>
<td>$</td>
</tr>
</tbody>
</table>

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: | $ ___________________________ |
| Provost/Dean (signature): | ___________________________ Date: ______________________ |

The three priority areas for funding are listed below. Please select the priority that applies to your request:

- Present at professional conference [ ]
- Professional development activity [ ]
- Attend professional conference [ ]

***This form is to be used by full-time faculty when traveling on college business.***

***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.***