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 days @ $__/day</td>
<td>$ _____</td>
</tr>
<tr>
<td>Meals days @ $__/day</td>
<td>$ _____</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>
</tbody>
</table>

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: $________________________ |
| 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 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.***