



# TRAVEL REQUEST

TRAVEL \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
mo. da. yr. mo. da. yr.

Nature of Business \_\_\_\_\_

Destination \_\_\_\_\_

EXPENSES REQUESTED:

	_____	_____
	Yes	No
Meals	_____	_____
Lodging – present Tax Exempt form at check-in	_____	_____
Airplane	_____	_____
Mileage _____	_____	_____
Registration Fee – Attach Documentation	_____	_____
Prepayment of registration fee	_____	_____
	Yes	No
Total Requested	_____	_____

Departmental Account Number \_\_\_\_\_

\_\_\_\_\_  
Employee Social Security No. Date

\_\_\_\_\_  
Division Chair/Supervisor Approval Date

\_\_\_\_\_  
Acad. Aff./Enrollment Svcs./Student Aff. Date

\_\_\_\_\_  
Fiscal Affairs Date

\_\_\_\_\_  
President Date

(Attach to Travel Expense Reimbursement Statement)