



TRAVEL REQUEST FORM

Faculty

Staff

Student

Departure Date: _____ Return Date: _____
MM/DD/YYYY MM/DD/YYYY

Name of Traveler: _____

Department Name: _____ Dept. Number: _____
(Dept. # to be charged)

Nature of Business: _____ Destination: _____

EXPENSES REQUESTED: Yes No expenses to occur (zero cost to college)

Meals \$ _____

Lodging (See options below and select one) \$ _____

Pay by Individual: Yes No

DSC Prepay by Check: Yes No

(If check, attach Payment Request Form <http://dscweb.daltonstate.edu/accounting-and-budget/pdf/payment-request-form.pdf>)

Note: If sharing room w/ another employee please list their name _____

Registration Fee (See options below and select one) \$ _____

Pay by Individual: Yes No

Paid by P-Card: Yes No

▪ PCard Acct Holder: _____

DSC Pay by Check: Yes No

(If check, attach Payment Request Form <http://dscweb.daltonstate.edu/accounting-and-budget/pdf/payment-request-form.pdf>)

Miscellaneous \$ _____

Mode of Transportation:

Airplane (Paid by P-Card: Yes No) \$ _____

▪ PCard Acct Holder: _____

Other Transportation (i.e. bus, taxi, train, etc.) \$ _____

Rental for Vehicle \$ _____

(See travel website for more details, if needed)

Mileage _____ x Tier 1 Tier 2 \$ _____

Personal Auto DSC vehicle (No mileage reimbursement)

Driver Acknowledgement Form: On file, no changes Form attached

Total Estimated Cost of Expenses \$ _____

Employee Signature Employee ID # Date

APPROVALS:

Dean /Chair/ Supervisor Approval Date

VP Academic Affairs/VP Enrollment Services Date

Fiscal Affairs – Budget Office Date

President Date