REQUEST FOR APPROVAL OF OUT-OF-STATE TRAVEL

Check applicable: Out-of-State Travel _____ International Travel _____ Travel Advance Request _____

If possible, requests should be processed at least two weeks before travel dates.

CS1404

SECTION I. EMPLOYEE & TRIP INFORMATION

Name _____ **Department** _____
Last **First**

Employee ID _____ **Bargaining Unit** _____ **Mail Code** _____
(Found on Payroll Stub)

Describe in detail the reason for travel. Attach a copy of the event agenda or brochure. _____

_____

Location of Event_____

Date(s) of Event _____ **Departure Date** **Return Date**

SECTION II. ESTIMATED EXPENSES AND/OR ADVANCE REQUEST

	Estimated Costs	Advance Amount (Complete only if requesting an advance)
Airfare	$_____	$_____
Registration	$_____	$_____
Lodging	$_____	$_____
Car Rental* (Use contract vendor Enterprise when possible)	$_____	$_____
Conference Meal (Over maximum meal allowance)	$_____	$_____
Meals (# of days ____ x daily meal rate _____ = $_____)	$_____	$_____
Other** Specify - _____	$_____	$_____
Total estimated costs	$_____	
Total advance requested		$_____
Date check needed		____/____/____

Travel advances are issued on the payroll cycle and cannot be issued earlier than one pay period before travel dates except for prepaid expenses such as airfare and registration. If applicable, please provide paid receipts. Any negative or positive differences between actual expenses and advance amount will be settled through the payroll system.

Justification

*Car Rental

Car rental by employees or any other individuals authorized to travel including students is authorized only when the type of trip or location of meetings is such that the use of local transportation (taxis, airport limousines and airport shuttles, buses) is not practical or is expected to be more expensive.

_____
_____
_____
_____
_____
_____

**Other

_____
_____
_____
_____

Payment Method (Check all that apply)

CAO35# _____
PO# _____
Purchasing Card _____
Employee Expense Report _____

SECTION III. FUNDING SOURCES AND AUTHORIZATIONS

Professional Development/Contract Travel Funds Cost Center #_____ $_____

Department Operating Funds Cost Center #_____ $_____

Other Sources Cost Center #_____ $_____
(faculty improvement grants, professional improvement funds, research grants, foundation, etc.)

Employee Signature _____ Date ___/___/___ Phone _____

Dept. Chair/Unit Director/Supv._____ Date ___/___/___ Phone _____

College/Division Head _____ Date ___/___/___ Phone _____

Vice President _____ Date ___/___/___ Phone _____

President _____ Date ___/___/___ Phone _____

Clear Form

Print Form

Distribution: Upon completion of approval, return the original form to requestor.
If advance is requested, forward to Business Services; otherwise, retain and submit copy with each payment request.

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