

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.

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 <small>(Complete only if requesting an advance)</small>	Justification
Airfare	\$ _____	\$ _____	<p style="text-align: center;">*Car Rental</p> <p>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 (taxi, airport limousines and airport shuttles, buses) is not practical or is expected to be more expensive.</p> <p style="text-align: center;">**Other</p> <p style="text-align: center;">Payment Method (Check all that apply)</p> <p>CAO35# _____</p> <p>PO# _____</p> <p>Purchasing Card _____</p> <p>Employee Expense Report _____</p>
Registration	\$ _____	\$ _____	
Lodging	\$ _____	\$ _____	
State Car	\$ _____	\$ _____	
Car Rental* <small>(Use contract vendor Enterprise or National when possible)</small>	\$ _____	\$ _____	
Conference Meal <small>(Over maximum meal allowance)</small>	\$ _____	\$ _____	
Meals	\$ _____	\$ _____	
<small>(# of days _____ x daily meal rate _____ = \$ _____)</small>			
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.

SECTION III. FUNDING SOURCES AND AUTHORIZATIONS

Professional Development/Contract Travel Funds	Cost Center # _____	\$ _____
Department Operating Funds	Cost Center # _____	\$ _____
Other Sources <small>(faculty improvement grants, professional improvement funds, research grants, foundation, activity, etc.)</small>	Cost Center # _____	\$ _____
Employee Signature _____	Date ____/____/____	Phone _____
Dept. Chair/Unit Director/Supv. _____	Date ____/____/____	Phone _____
College/Division Head _____	Date ____/____/____	Phone _____
Vice President _____	Date ____/____/____	Phone _____
President _____	Date ____/____/____	Phone _____

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.