



REQUEST FOR TRAVEL

Any employee of the College who is eligible and wishes to be reimbursed for travel expenses in accordance with the travel reimbursement policy, and/or is planning to travel for approved College or professional business must complete the following form.

NAME OF EMPLOYEE: DEPARTMENT:

EVENT/LOCATION: CITY/STATE:

SPONSORING ORGANIZATION:

DATES OF TRAVEL: DATE/TIME: DATE/TIME:

REASON FOR TRAVEL: \_\_\_\_\_

FACULTY: COVERAGE FOR CLASSES PROVIDED: YES  NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(If you request reimbursement for travel, please complete the following. Note: reimbursement policy on next page.)

REGISTRATION COST \$: TRANSPORTATION TYPE:

HOTEL/MOTEL \$: TRANSPORTATION COST:

MEALS ALLOWANCE \$: MILEAGE REIMBURSEMENT \$:

TOTAL REIMBURSEMENT REQUESTED \$:

ACCOUNT NUMBER TO BE CHARGED:

**APPROVAL FOR TRAVEL (SIGNATURES):**

DEPT. SUPERVISOR/CHAIR: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION VICE PRESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

OUT OF NEW ENGLAND TRAVEL REQUIRES THE PRESIDENTS AUTHORIZATION:

PRESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_