

TRAVEL AUTHORIZATION

Complete a Travel Authorization each time you will be off campus for College business.

Name _____ Department _____

DESCRIPTION OF TRAVEL

I request permission for the following college travel:

To: _____

For: _____

Dates of Travel: _____

EXPENSES

Method of Travel: _____ *See below for Pre-travel advancements and travel reimbursements.

Total Estimated Cost of Travel & Attendance: _____

PURPOSE OF TRAVEL

- This is college business travel.
- This is a professional development/training activity.
- I am delivering a state/national presentation.

Title of presentation: _____

APPROVAL

Dean/Director/Coordinator: _____ Date _____

CFO, Vice President, President: _____ Date _____

Employee's Signature: _____ Date _____

INSTRUCTIONS

Pre-travel Advancement: A request for Payment form must be completed. Within 10 days, upon your return to Campus, a second Request for Payment form must be submitted WITH RECEIPTS ATTACHED.

Travel Reimbursement: Within 10 days upon your return to campus, a Request for Payment must be completed WITH RECEIPTS ATTACHED.

Copy of this form must be attached to any expense report when traveling outside College District with exception of the seven county Indiana service area.: Request for Payment
Purchase Order

4 copies of approved authorization must be sent to:

- (1) Human Resources (2) CFO, President or Vice-President (3) Supervisor or Dean (4) Kept by Traveler.