



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 _____
(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)	Justification
Airfare \$ _____	\$ _____	*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.
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 - _____	\$ _____	**Other _____
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.

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 (faculty improvement grants, professional improvement funds, research grants, foundation, etc.)	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.