

Columbia State Community College
REQUEST AND APPROVAL FOR TRAVEL

Name(s) of Staff _____

Destination _____

Date & Hour of Departure _____ Date & Hour of Return _____

Type of meeting or activity and participation of requesting staff _____

Faculty Only - What classes will be missed and how will they be covered? _____

Check here if **Student Field Trip** and attach list of students. Final list must be provided for Dean prior to departure.

Mode of Travel

Requested: College Bus
 Airline
 College Car or Van
_____ passengers

Personal Car (college funding)
 Personal Arrangements (no college funding)
 Other _____
(specify)

Estimated

Expenses: Air Fare \$ _____
_____ Nights Lodging \$ _____
 Check here if designated/conference hotel
_____ Days Subsistence \$ _____
_____ Miles Traveled \$ _____
@ _____ cents \$ _____
Other: (please specify) _____ \$ _____
_____ \$ _____
TOTAL \$ _____

Travel Address: _____
(overnight travel) _____

Comments: _____

Professional Travel
Number of previous conferences attended for the
fiscal year _____
 Travel specifically related to job performance

Signature

Date

If the business office is to pay a registration fee, please
note and attach completed registration form.

Account number to be charged _____

APPROVALS

(1) Supervisor _____

(3) President _____
(out-of-state only)

(2) Travel Budget
Manager _____

NOTES: Out-of-state travel to be approved at least two weeks in advance;
Instate one week in advance.