

H. COUNCILL TRENHOLM STATE TECHNICAL COLLEGE

PRIOR APPROVAL FOR TRAVEL

I, _____
(Employee Name)

(Date Submitted)

(Employee Title)

Request approval to travel for the purpose of: (brief description for travel)

Travel From: _____

Travel To: _____

Dates of Travel: Beginning: _____ Ending: _____

Estimated Cost:

Transportation

Miles _____ x \$0.525 _____

Airline Tickets _____

Per diem/or _____

Room _____

Meals _____

Registration Fee _____

In City Transportation

Taxi _____

Car Rental _____

Other _____

Total Expenses _____

Expenses will be paid from: State Funds
 Federal Funds Charge to: _____
(account number)

Attach Professional Development Leave Request Form if applicable. Instructors: If you will be away from class, how will class be covered?

I wish to claim in-service points for this activity.

Traveler's Signature: _____ Date: _____

Approvals: Supervisor: _____ Date: _____

Department Dean: _____ Date: _____

Director of Restricted Programs: _____ Date: _____
(if applicable)

Dean of Finance: _____ Date: _____

President: _____ Date: _____

* After your Department Dean has approved, please forward to the Business Office for processing.
After President approves, copies will be sent to Human Resources & Traveler. Original sent to Accounts Payable Clerk.