



TRAVEL APPROVAL FORM

SECTION I: TRIP INFORMATION (to be completed by the person traveling)

Name of Traveler: _____ Date: _____

Phone # for Traveler: _____ Department: _____

Department Phone # _____ Title/Position: _____

Destination Airport: _____ Travel Dates: Depart: _____

Origination Airport: _____ Return: _____

Purpose of Travel: _____
(Attach brochures/itinerary or pertinent information)

Nature of Your Participation: _____

Estimated Cost: (include transportation, accommodations, meals, incidentals) \$ _____

If Travel Plans Conflict with Your Scheduled Class(es), Indicate Plans for Coverage:

Request Trip be Charged to NYS Travel Card:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is College Business being Combined with Personal Travel?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hotel Accommodations Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air Fare – Roundtrip Ticket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require reimbursement for meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ground Transportation: Home to Airport/Airport to Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airport to Hotel/Hotel to Airport	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION II: BUDGET INFORMATION: (to be completed by the Travel Liaison)

Charge to: (Select One)

Tax Levy: Admin Travel Faculty Travel Recruitment

Auxiliary: Pres Travel Dignitary

Research Foundation: (Specify Grant or Overhead) _____

Personal Credit Card: (Indicate name of cardholder) _____

Confirmation # _____

SECTION III: APPROVALS: (to be completed by the Approver)

Chairperson: _____ Date: _____

Area VP/Provost: _____ Date: _____

Senior VP: _____ Date: _____