



Travel or Conference Authorization

Employee Name:		Date of Request:	
Name of Event:			
Event Location:		Date(s) of Event:	
Department:		Account Number:	

Requested:	\$ Amount	Check if <u>you</u> will be reimbursed	Name of Vendor <small>(Please provide vendor name if you are not being reimbursed)</small>	Check if using College credit card
Registration*		<input type="checkbox"/>		<input type="checkbox"/>
Hotel		<input type="checkbox"/>		<input type="checkbox"/>
Airfare		<input type="checkbox"/>		<input type="checkbox"/>
Car Rental		<input type="checkbox"/>		<input type="checkbox"/>
Meals		<input type="checkbox"/>		<input type="checkbox"/>
Tolls/Parking		<input type="checkbox"/>		<input type="checkbox"/>
Number of Miles		<input type="checkbox"/>		<input type="checkbox"/>
Other		<input type="checkbox"/>		<input type="checkbox"/>
(Specify if other)				
Total Amt Requested				

* Attach registration form for payment if applicable

Employee		Date	
Supervisor		Date	
VP		Date	
Associate VP of Finance		Date	

To be completed by supervisor <u>only</u> if total amount exceeds originally approved budget			
Amount Approved in Professional Development Budget			
Amount Over Budget			
Supervisor <small>(Required if over budget)</small>		Date	
Assoc VP Approval <small>(Required if over budget)</small>		Date	