

Out of State Travel/Special Expense Approval/Authorization

Name of employee(s) & or student(s) taking trip or incurring special expenses (attach list of attendees/invitees):			
Purpose of travel or event (attach copy of agenda if applicable):			
Destination/location:		Dates of travel:	
Cost Center:	Mode of Travel: ("X" all that apply)		Private Automobile Other
Special Expenses Approval is requested for the following ("X" all that apply): <input type="checkbox"/> Meal which exceed maximum allowed per bargaining agreement <input type="checkbox"/> Meals within work area <input type="checkbox"/> Meal and/or refreshments (coffee, tea, or soft drinks) for group at meeting or conference <input type="checkbox"/> Conference and registration fee in excess of \$500 <input type="checkbox"/> Lodging within work area <input type="checkbox"/> Other special expense (specify description, quantity, unit cost, total)			
<u>ITEMIZATION OF COSTS</u>			
<u>Description</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total</u>
TOTAL ESTIMATED COST			= \$ _____

Out of State Travel

AIRFARE:	\$ _____	x	_____	= \$	_____
	Round trip per person		Number of people		
LODGING:	\$ _____	x	_____	x	_____
	Per night per person		# of nights		# of people
MEALS:	\$ _____	x	_____	x	_____
	Per day per person		# of days		# of people
REGISTRATION FEE:	\$ _____	x	_____	= \$	_____
	Per person		Number of people		
OTHER (specify)	\$ _____			= \$	_____
TOTAL ESTIMATED COST					= \$ _____

Justification: Explain in detail why trip/special expense is in the best interest of the college:

Requestor Signature	Print Name	Date
Supervisor Signature		Date
Vice President Signature		Date
President Signature	Approved for an amount not to exceed \$ _____	Not approved