



Prior Approval for TRAVEL AUTHORIZATION

DATE: _____ Campus: CKS DEC DUN NEWT LKS ALP

NAME: _____ TITLE: _____

ADP EMPLOYEE ID#: _____ DEPT TITLE _____

Charge to: FUND DEPT PROGRAM CLASS PROJECT

DESTINATION: _____

DEPARTURE DATE: (mm/dd/yyyy) RETURN DATE: (mm/dd/yyyy)

PURPOSE OF TRIP: _____

LOCAL TRAVEL AUTHORIZATION: FISCAL YEAR: 20yy

ESTIMATED COST OF TRAVEL:

	<i>Amount:</i>		<i>Amount:</i>
Registration fee		Hotel	
Meals included:			
Airfare		Meals	
Personal Auto Mileage		Miscellaneous	
Vehicle Rental		Total Estimate:	

MAXIMUM REIMBURSEMENT NOT TO EXCEED (not required)*		
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(Budget Manager Initials)

APPROVAL Signatures

(Employee Requesting Travel) DATE: _____

(Supervisor) DATE: _____

(Budget Manager-Dean, Director or VP) DATE: _____

*Amount limits the reimbursement to the traveler, regardless of actual cost. An entry is not required.

- Employees should retain a copy of the signed form for documentation with payment requests and/or the travel expense statement.
- The approval of the authorization serves as permission to travel on official college business and approves funding for the trip. Actual reimbursement will be made on the basis of legitimate expenditures submitted in accordance with GPC and University System travel policies and procedures.