



PLEASE NOTE: This form must be submitted prior to travel; at least two weeks prior to travel for meetings, and at least two months prior to conference travel.

NAME: _____

DATE OF REQUEST: _____

TRAVEL DATES: _____

DESTINATION: _____

PURPOSE / DESCRIPTION: _____

Travel Expenses Estimate:

Transportation (airfare/mileage @ \$0.625/mile): _____

Hotel (amount/night x number of nights): _____

Meals (not provided by host): _____

Miscellaneous (parking, registration fees, shuttle/taxi, etc.): _____

** Total Travel Expense Estimate: _____

** This is just an estimate of actual travel expenses. You will still need to provide original lodging receipts in order to process reimbursement. If you would like to request a travel advance, please work with Jamie Baker

COLLEGE OPERATIONS MANAGER APPROVAL

DATE

For Office Use: Amt Approved: Index: Received by/Date: