



# 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: \_\_\_\_\_