



ACCOUNTING OFFICE
TRAVEL AUTHORIZATION REQUEST

Please type or print the following information and submit for approval prior to your travel. The completed form is to be submitted with your travel reimbursement voucher or check request.

Requestor's Name: Title:

Department: Business Telephone Number:

Destination:

Purpose of Travel:

(Attach copy of conference or seminar registration or promotion if available)

Departure Date: Return Date:

Estimated Cost of Travel

Transportation Expense: \$
(Air/Train Fare or Estimated Mileage Cost and Tolls)

Lodging Expenses: \$
(Include occupancy tax outside of NYS - 20% estimate)

Meal Expenses: \$
(Receipted or Per Diem)

Miscellaneous Expenses: \$
(Taxi expenses to and from common carrier, Conference Registration Fees, etc.)

Total Estimated Cost of Travel: \$

I understand that travel expenditures paid by the college and/or reimbursed to me are governed by the rules and regulations of the funding source and limited by the amount that is allowed by the college (see below).

Signature of Applicant

Date

Funding Source: State Tax Levy Non Tax Levy Research Foundation Other (Specify)

Total Travel Expenditures Allowance: Full or Partial \$

Approved by:

Signature of Dean, Chair Person or Department Head

Typed or Printed Name of Dean, Chair Person or Department Head

Date

Signature of Provost or Vice President

Typed or Printed Name of Provost Or Vice President

Date