

Travel Authorization Request Form

ONE Form Per Traveler

Date: _____

Traveler's Printed Name: _____ Employee ID # J _____

Traveler's Signature: _____

Funding Source (FOAPAL): _____
Fund Org Account Program

Traveler's Organizational Manager's Name: _____

Traveler's Organizational Manager's Signature: _____

Traveler's Approval per Section III.A.1 <http://path.ccp.edu/vpfin-pl/policies/217.html>

Approver's Signature: _____

Purpose of Trip: _____

Destination Location: _____

Arrival Date: _____ Departure Date: _____

Travel Methods (**circle one**): Air Rail Bus Personal Vehicle Other (specify):

Projected Transportation Costs: \$ _____

Hotel Name & Address Projected Costs: \$ _____

Projected Conference Fee (If applicable): \$ _____

Projected Meal Costs: \$ _____

Other Projected Costs: \$ _____

Total Projected Costs: \$ _____

NOTE: For multiple travelers traveling to the same destination all forms must be submitted together.

Incomplete requests will be rejected

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NOTE: Requestor fills in appropriate blanks & forwards completed signed documents to the Purchasing Department, Room M1-4 Attention: Maritza Rodriguez.

The Requestor **MUST** allow a **MINIMUM** of 10 Business Days lead time for the Purchasing Department to make appropriate flight, rail, bus and or hotel reservations.

AIR RESERVATION:

Traveler's Name: _____ Employee ID # J _____ State of Residence _____

Cell Phone Number _____ **D.O.B** _____ **MALE/FEMALE** _____

Departing from: _____ Traveling to: _____

Departing Date: _____ Preferred Departure Time: _____

Airline Carrier: _____ Flight #: _____

NOTE: If more than one destination is involved or if special seating, food, etc., is needed please indicate the specifics in this area:

Returning from: _____ Traveling to: _____

Departing Date: _____ Preferred Departure Time: _____

Airline Carrier: _____ Flight #: _____

FULL NAME (AS IT APPEARS ON TRAVEL DOCUMENTS), Cell phone number, DOB & Gender MUST BE PROVIDED before Purchasing can book airfare.

HOTEL RESERVATION:

Hotel Name: _____ Telephone #: _____

Address of Hotel: _____

Arrival Date: _____ Departure Date: _____

Confirmation #: _____ **MUST BE PROVIDED**

NOTE: Purchasing will **ONLY** pay for Hotel & Taxes, any incidental charges must be paid via the traveler. See Section III.D – Reimbursable and Non-reimbursable Expenses (<http://path.ccp.edu/vpfin-pl/policies/217.html>)
Per Diem rate sheet must be attached.

RAIL/BUS RESERVATION:

Departing from: _____ Traveling to: _____

Departing Date: _____ Preferred Departure Time: _____

Returning from: _____ Traveling to: _____

Departing Date: _____ Preferred Departure Time: _____

Incomplete requests may be rejected