



## Request for Out of State/ In State Dues Paying Member Travel

Employee Number

Employee Name

Purpose of Travel: \_\_\_\_\_

Location of Travel: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_

Estimated Costs: \_\_\_\_\_

Signature of Travel Requestor

Conference/Registration Fee: \_\_\_\_\_

Transportation Fee: \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Taxi/Car Rental: \_\_\_\_\_

Total Estimate Expenditures: \_\_\_\_\_

Funds are to be taken from:

Approved: \_\_\_\_\_  
College Dean Date

Approved: \_\_\_\_\_  
Vice President Date

Approved: \_\_\_\_\_  
President Date