



EAST DISTRICT

REQUEST FOR IN-STATE TRAVEL
(Allow 10 business days for approval)

In the City _____ Date _____

Reason and Justification for In-State Travel (Please Provide Documentation/Agenda) _____

Mode of Transportation (personal or state vehicle): _____

Date of Departure: _____

Date of Return to Home Base: _____

ESTIMATED COST:

Mileage (miles x .535) _____

Conf/Reg. Fee/Tickets _____

Per Diem _____
(Partial per diem is taxable)

Other _____

Total Costs: _____

(Signature of Traveler)

(Type or Print Name)

APPROVAL:

Expenses will be paid from:

[] State Funds [] Federal Funds

Division Chair – East District

Dean/Supervisor – East District

Business Office-East District-Until Fall 2017

Provost

Regional Dean / Supervisor (if applicable)

Dr. Gary Branch, President

APPROVAL CC:

East District Business Office _____

Employee _____

East District Provost Office _____