



**NORTH DISTRICT**

**REQUEST FOR OUT OF STATE TRAVEL**  
*(Allow 30 calendar days for approval)*

Date \_\_\_\_\_

Reason and Justification for Out of State Travel (Please Provide Documentation/Agenda) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the City \_\_\_\_\_

State \_\_\_\_\_

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

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

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

Date of Return to Home Base: \_\_\_\_\_

**ESTIMATED COST:**

Transportation \_\_\_\_\_

Conf/Reg. Fee/Tickets \_\_\_\_\_

Room \_\_\_\_\_

Meals \_\_\_\_\_

Taxi: \_\_\_\_\_

Car Rental: \_\_\_\_\_

Other Cost: \_\_\_\_\_

**Total Costs:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Traveler)

\_\_\_\_\_  
(Type or Print Name)

**APPROVAL:**

\_\_\_\_\_  
Division Chair – North District

\_\_\_\_\_  
Dean/Supervisor – North District

\_\_\_\_\_  
Business Office-North District-Until Fall 2017

Expenses will be paid from: \_\_\_\_\_  
Provost

[ ] State Funds [ ] Federal Funds

\_\_\_\_\_  
Regional Dean / Supervisor (if applicable)

\_\_\_\_\_  
Dr. Gary Branch, President

**APPROVAL CC:**

North District Business Office \_\_\_\_\_ Employee \_\_\_\_\_ North District Provost Office \_\_\_\_\_