



EAST 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 – East District

Dean/Supervisor – East District

Business Office-East 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:

East District Business Office _____ Employee _____ East District Provost Office _____