



TO _____
\$ _____

REQUISITION AND TRAVEL ORDER FORM

NAME _____ Soc.Sec. No. _____ Mailbox: _____

Position _____ Department _____ Extn: _____

Students to be Supervised _____ Substitute Required on _____ \$ _____
(number, if any) (dates & hrs) (cost of sub.)

EDUCATIONAL PURPOSES:

To Attend: _____

Located at: _____

Date(s) of Meeting _____

Reason for Attending _____

Program Participant? Yes _____ No _____
 Member of Organization? Yes _____ No _____
 Officer? Yes _____ No _____

Type of Travel:
 ___ 1 Administrative
 a) Administrative Assigned _____
 b) Office of Provost _____
 c) Vice Chancellor, Adm. & Fin. _____

___ 2 Faculty _____
 ___ 3 Grant (specify title) _____

Requested by: _____ (date) _____
(Traveler - signature)

Estimated Costs:

Transportation
 Plane (economy/coach or lesser fare) \$ _____
 Private Auto \$ _____
 Other (describe) \$ _____
 Meals \$ _____

Lodging (No. of Nights _____) \$ _____
 Registration Fee \$ _____
 Other Costs (describe) \$ _____

Total \$ _____

ROUTING:

Approved: _____ \$ _____ Amount _____ Date _____
 Dept. Head
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 Dept. Head
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 Dept. Head

COLLEGE APPROPRIATION NUMBER							CONTROLLER'S APPROPRIATION NUMBER			
Fund	ORGN	ACCT	PROG	ACTV	Amount	Posted By	FUND	INDEX	SUB- OBJ	PROJ/WK



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TRAVELER'S COPY
 (RETURN TO PURCHASING DEPT. SUPPORTED BY TRAVELING EXPENSE VOUCHER)



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Fund	ORGN	ACCT	PROG	ACTV	Amount	Posted By	FUND	INDEX	SUB- OBJ	PROJ/WK

ATTACH TO CHECK FOR TRAVEL REIMBURSEMENT



TO _____
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Dept. Head	Amount		Date
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Dept. Head	Amount		Date
Approved: _____	\$ _____	_____	_____
Dept. Head	Amount		Date

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**DEPARTMENT FILE COPY
 (RETAIN FOR YOUR RECORDS)**