



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

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

ORIGINAL TO PURCHASING DEPT.



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



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D.B.O. FILE COPY



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ATTACH TO CHECK FOR TRAVEL REIMBURSEMENT



TO _____
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DEPARTMENT FILE COPY
(RETAIN FOR YOUR RECORDS)