

**SPRINGFIELD TECHNICAL COMMUNITY COLLEGE
TRAVEL REQUEST FORM**

(Travel Request Form **MUST** be submitted **30 DAYS BEFORE** date of travel)

Request for Authority to Travel:

In-State

Out-of-State

Employee's Name: _____

Employee's Title: _____

Destination: _____

MCCC Meetings, Conferences, etc.

Date/Duration of Trip: _____

Various Dates, Fiscal Year

200

Purpose of Trip: _____

Estimated Expense:

Airfare

Hotel

Reg. Fee

Mileage

Meals

Fares

Misc.

Total Estimated Expense:

No cost to the college

Total of Purchase Requisitions Submitted for Travel:

Total Expenses Charged to College Credit Card:

Reimbursement to Employee Not to Exceed:

**APPROVED BY
(SIGNATURE AND DATE REQUIRED)**

Supervisory Dean/Director/Vice President

_____/_____/_____
Date

Vice President, Administration

_____/_____/_____
Date

OUT-OF-STATE TRAVEL, ACPTF ACCOUNT AND PERSONNEL REPORTING DIRECTLY TO THE PRESIDENT

President

_____/_____/_____
Date

OUT-OF-STATE TRAVEL OVER \$200 (Must be submitted to the Board of Trustees 60 DAYS BEFORE travel)

Board of Trustees, STCC

_____/_____/_____
Date

Approved Copies To: