

**** All travel arrangements will be the responsibility of the faculty member once approval has been received.**

**DIVISION OF NURSING & HEALTH SCIENCES
TRAVEL REQUEST**

Date: _____

Name: _____ Warrior ID # _____

Travel Destination _____

Name of Meeting/Event _____

Travel Dates: Departure date and approximate time _____
Return date and approximate time _____

Out of State Justification: *(how will this trip benefit the college and what will you bring back)*

Estimated Expenses: *Submit information on conference/meeting with this form for review.
[PLEASE REMEMBER – WE DO NOT PAY TAX! LET THE VENDOR KNOW WE ARE TAX EXEMPT.]*

Airfare: _____

Lodging: _____ ** Ask for government rate/non- taxable

Per Diem: _____

Transportation – will you be:

Renting a car? Yes No ** Call Cheri to get a ticket # to reserve a car.

Using your own car? 1.) License Plate # _____

2.) Mileage _____

3.) Please provide *Justification* for driving your own car: _____

Taxi/Rental: _____

Registration: _____ *Please provide a copy of the registration form & other info. (e.g., poster acceptance, agenda)*

Other: _____

Travel Funding : Approved _____ Rejected _____ Cost Center: _____

Amount of approved funding: _____

Signature: _____ Date: _____

Division Chair