

COLUMBUS STATE

COMMUNITY COLLEGE

Date :

Travel Request

Reference College Policy & Procedure Manual Chapter 9-06 (A) (2)

Airline reservations can be made after travel request form is approved and forwarded to the Travel Office.

NAME

(As it appears on your Driver's License or attach ID Card copy)

DEPT & EXTENSION

COUGAR ID NUMBER

DATE(S) OF MEETING

PURPOSE OF TRIP

DATE DEPARTURE

RETURN

LOCATION OF MEETING

Complete if requesting the Travel Office to pre-pay airfare. Please attach a copy of selected airline and flights.

Cell/Home Phone # <i>Number will be given to the airline for flight notifications.</i>	Gender <i>Gender and Date of Birth are required by the TSA</i>	DOB
Requested Date & Time of Departure for meeting (check appropriate box)		
Time Flight Departs Date:	Time Flight Arrives at Destination Time Frame:	<i>Destination Airport</i>
Requested Date & Time of Return from meeting: (check appropriate box)		
Time Flight Departs Date:	Time Flight Arrives at Destination Time Frame:	

Tickets will be booked without prior consultation if flight times fall within the time requested and the fare is less than or equal to the estimated cost

TRANSPORTATION COST (Check one)

ESTIMATED COSTS

Air Private Auto Rental Car (must be pre-approved by President)

Bus Other (specify)

\$

(.545 cents per mile, if up to 500 miles, or lowest airfare if mileage is over 500 miles)

REGISTRATION FEES

Should Business Office Prepay? No Yes

\$

LODGING—Employees must make own arrangements. Include fees & tax.

\$

ESTIMATED LOCAL TRANSPORTATION COST

\$

ESTIMATED MEALS —See Policy & Procedure Manual Procedure No. 9-06 (A) (4)

\$

Number of meals not provided by meeting/conference

Breakfast: Lunch: Dinner:

MISCELLANEOUS EXPENSES (parking, etc - please specify) (gratutites \$ 5 per day)

\$

Potential conflicts of interest have been reviewed with the Ohio Ethics Commission

Total \$

Employee Signature <small>I certify that these expenses are accurate and directly related to college business</small>	Date	Chair/ Supervisor <small>I certify that these expenses are accurate and directly related to college business</small>	Date
Dean/ Director	Date	Cabinet (executive office)	Date
Account Number		Project ID (if applicable)	
P.I. Approval (if project ID indicated above)	Date		

All backup documentation, including registration and agenda must be attached.

Forward completed form, at least 21 days prior to departure, to Travel Office or email to travel@csc.edu