COMMUNITY COLLEGE OF RHODE ISLAND
OUT-OF-STATE TRAVEL REQUEST FORM

DATE:

NAME OF DEPARTMENT:

ORGANIZATION CODE (FUND CODE FOR GRANTS):

Approval is requested for the travel indicated below:

NAME:  TITLE:

DESTINATION:  CITY  STATE

PURPOSE OF TRAVEL:

JUSTIFICATION:

PERIOD COVERED:

FROM:  DATE  TIME + am/pm  TO:  DATE  TIME + am/pm

ESTIMATED TRAVEL COST(S): (Please obtain estimates from the internet and submit copy with this form)

FARES:  TYPE  AMOUNT  HOTEL:  AMOUNT  MEALS:  AMOUNT ($30/DAY)

REGISTRATION FEE:

Organization code:  Registration Fee Amount

GRAND TOTAL

I certify that this travel is in accordance with the program as approved by:

DEPARTMENT CHAIRPERSON/DIRECTOR  DATE  BUSINESS OFFICER  DATE

DIVISION DEAN (Faculty Only)  DATE  VICE PRESIDENT  DATE

FACULTY TRAVEL COMMITTEE (Faculty Only)  AMOUNT  DATE

INSTRUCTIONS: Completed original must be approved by the appropriate: a) Department Chairperson/Director; b) Divisional Dean (at their option); c) Divisional Vice President and finally by d) the Business Officer. Once approved by the Business Officer, the Controller's Office will return a copy to traveler with the APPROVAL NUMBER inserted in the upper right hand corner of the form.

NOTE for FACULTY: Faculty must also obtain approval from the FACULTY TRAVEL COMMITTEE. This approval shall be obtained after approval by the Department Chairperson.

THIS FORM MUST BE ACCOMPANIED WITH AN AGENDA, A COMPLETED TRAVEL REQUISITION TO PAY FOR THE REGISTRATION FEE AND A COMPLETED REGISTRATION FORM. Please call the Controller's Office at 2150 with any questions.

ORGANIZATION CODES: Faculty = WA3000; President = WA1000; Academic Affairs = WA1000; Student Affairs = WS1000; Business Affairs = WB1000. Grants use their 22 series fund code numbers.