



EDUCATIONAL / CLASS TRAVEL

Departure Date: [ ]

Return Date: [ ]

Traveling Instructor(s) Name: [ ]

Department: [ ]

Class Name/Section: [ ]

GL account number: [ ]

Number of Students: [ ]

Estimated Cost: [ ]

Itinerary & Cost Details Attached? Yes: [ ] No: [ ]

Reminder: Prior to leaving, Campus Safety must be provided a list of all students traveling and itinerary.

APPROVAL (The requisition should be reviewed by the unit head or department chair)

Requestor Signature

PrintedName

Date

Signature of Dean / Dept. V.P.

PrintedName

Date

Finance Signature

PrintedName

Date

President

Printed Name

Date