



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 for trip, Campus PD 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean / Dept. V.P.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date