



505 Ramapo Valley Road, Mahwah, NJ 07430-1680
Phone (201) 684-7504 Fax (201) 684-7508
www.ramapo.edu

TRAVEL AUTHORIZATION REQUEST

Travel Request Date: _____
Travel Request Number: _____

Employee Name: _____ R #: _____ Title: _____

☐ Faculty ☐ Staff Unit Name: _____

Fund: _____ Org: _____ Acct: _____ Pgm: _____ Phone Ext: _____

Non-faculty only *Request for Approval for Attendance at Events* form received ☐

Reason for Travel: _____

Departure Date: _____ Return Date: _____

Destination: _____

Other Employees Traveling: _____

Travel Description	Estimated Cost	
	<u>Reimbursement</u>	<u>P Card Charge / Purchase Order</u>
Means of Travel <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Car Rental <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> College Vehicle Personal/College Vehicle: Estimated Mileage: _____ College Vehicle: Dates Needed: _____ Car Rental: Dates Needed: _____		
Hotel Dates Needed: _____		
Meals (enter number of each required) Breakfast: _____ Lunch: _____ Dinner: _____		<i>Not Applicable</i>
Other Costs (explain fully) _____		

Reimbursement Amount	
Total Cost of Trip (Reimbursement + P Card)	
Approved Amount	

_____/_____
Print Name Signature
Approved Expenditure – Unit Head

_____/_____
Print Name Signature
Approved Expenditure – Division VP



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Request for Approval for Attendance at Events
Faculty Use Only
Approval from Employee Relations NOT Required

Name: _____

School: _____

Title: _____ Telephone #: _____ Ext #: _____

Event: _____

Sponsor: _____

Event Location: _____ Event Date: _____

Overnight accommodations required? YES ☐ NO ☐

Out-of-state travel required? YES ☐ NO ☐

Estimated Cost: _____

College to pay cost? YES ☐ NO ☐

Sponsor to pay cost? YES ☐ NO ☐

Employee to pay cost? YES ☐ NO ☐

Reason for attendance: _____

Has sponsor offered an honorarium or fee? YES ☐ NO ☐ Amount: _____

Employee Signature

Date

Class Coverage? YES ☐ NO ☐ Please describe: _____

Comments: _____

Dean Signature

Date

NOTE: This form must be retained in the School for five (5) years.

CA Internal Travel Request Form

Name: _____

Dates of Travel: _____

Destination: _____

Purpose of the travel (please explain specifically):

Sponsoring organization(s), if relevant. What are its peer review, jury, or selection practices?

Why is this travel important for you and your work in the field?

Your specific role or function at the conference/event/activity (presentation, panel, exhibition, performance, screening, research, etc.):

Has your participation been confirmed (please provide), or when do you expect confirmation?

What is your estimated funding request for transportation, lodging, registration, meals, and other costs? _____

Previous CA funded travel over the past three years: \$ _____

Approved for \$ _____ by _____
Dean of Contemporary Arts