



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



Ramapo College of New Jersey
Request for Approval for Attendance at Events

Name: _____

Department: _____

Division: (Check One) [] Academic Affairs [] Student Affairs [] Administration & Finance [] Institutional Advancement

Title: _____ Telephone #: _____ Fax #: _____

Event: _____

Sponsor: _____

NOTE: Per the State Ethics Commission one form of documentation below MUST be submitted with this form. Approval will not be granted without documentation. Incomplete forms will be sent back.

Copy of invitation attached [] Copy of agenda/other description of event attached []

“Interested party” means: 1) any person or entity your institution regulates, licenses or supervises; 2) any grantee or grantor to your institution and any employee, representative or agent thereof; 3) any supplier/vendor to your institution; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization that advocates or represents the positions of its members to your institution 5) any organization a majority of whose members fall under 1-4 above.

Is the sponsor an “Interested Party”? YES [] NO []

Is the State official a speaker, panel participant or resource person? YES [] NO []

Is the Sponsor an agency of the federal government, one or more other states or a political subdivision thereof? YES [] NO []

Is the sponsor a nonprofit organization? YES [] NO []

If yes, is the employee or College a member? YES [] NO []

Does the nonprofit organization have any contracts with the State/College? YES [] NO []

Does the sponsor have any contracts with the State/College? YES [] NO []

Event Location: _____ Event Date: _____

Overnight accommodations required? YES [] NO []

Out-of-state travel required? YES [] NO []



OFFICE OF EMPLOYEE RELATIONS

505 Ramapo Valley Road, Mahwah, NJ 07430-1680

Phone (201) 684-7504 Fax (201) 684-7508

www.ramapo.edu

Estimated Cost: \$ _____

Cost Breakdown:

Transportation \$ _____ Meals \$ _____ Accommodations \$ _____ Registration Fees \$ _____

College to pay cost? YES NO

Sponsor to pay cost? YES NO

Employee to pay cost? YES NO

Other person or entity to pay costs? YES NO If yes, name: _____

Sponsor to offer honorarium or fee? YES NO

Reason for attendance: _____

Will participation in this event serve a legitimate State Purpose? YES NO

If yes, describe how: _____

Employee Signature

Date

Unit Head Signature

Date

Attendance Approved: YES NO

NOTE: Acceptance of honoraria or fees is not permitted.

Conditions: _____

Ethics Liaison Officer Signature

Date

Sponsor is an interested party and employee will be accepting event benefits as a speaker, panelist or resource person. A copy of form will be forwarded to the State Ethics Commission pursuant to N.J.A.C. 19:61-6.4(f).