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: ___________________________________________________

<table>
<thead>
<tr>
<th>Travel Description</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reimbursement</td>
</tr>
<tr>
<td><strong>Means of Travel</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Air</td>
<td></td>
</tr>
<tr>
<td>☐ Rail</td>
<td></td>
</tr>
<tr>
<td>☐ Car Rental</td>
<td></td>
</tr>
<tr>
<td>☐ Personal Vehicle</td>
<td></td>
</tr>
<tr>
<td>☐ College Vehicle</td>
<td></td>
</tr>
<tr>
<td>Personal/College Vehicle: Estimated Mileage: ____________</td>
<td></td>
</tr>
<tr>
<td>College Vehicle: Dates Needed: _________________________</td>
<td></td>
</tr>
<tr>
<td>Car Rental: Dates Needed: ____________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Hotel</strong></td>
<td></td>
</tr>
<tr>
<td>Dates Needed: ________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Meals</strong> (enter number of each required)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Breakfast: _______ Lunch: _______ Dinner: _______</td>
<td></td>
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<tr>
<td><strong>Other Costs</strong> (explain fully)</td>
<td></td>
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<tr>
<td>______________________________________</td>
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</tbody>
</table>

|                |
|                |

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

Form 78(12/2011)

New Jersey’s Public Liberal Arts College
Ramapo College of New Jersey
Request for Approval for Attendance at Events

Name: ____________________________________________

Department: ________________________________________

Division:  ☐ Academic Affairs  ☐ Enrollment Management/Student Affairs  ☐ Administration & Finance  ☐ Institutional Advancement

Title: ___________________________________________ Phone: ___________ Email: __________________

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  ☐

International travel required?  YES  ☐ NO  ☐
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).