



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	
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: _____	<u>Reimbursement</u>	<u>P Card Charge / Purchase Order</u>
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.