

Vice President: (If needed)

President: (If needed)

Travel Authorization Pre-Approval Form

Name of Traveler:				Official Resid	ance:		
Contact Email:				Department:			
Departure Date:		Time:		Return date		Tim	
						'''''	e
Conference/Event Name:							
City:		State:		Country:			
Expected Benefits:							
Grant Justification***							
Statement of why alternative approach not	viable:						
Anticipated Expenses	Description						Amount
Registration:	·						
Lodging:		nights				_	
	Exceeds lodging pe	r diem (form required)				_	
Airfare:	From			То		_	
Car Rental:		Days x		per day		_	
Taxi/Shuttle:						_	
Parking:						_	
Other Travel Costs:						_	
Personal Mileage:						_	
Meals:						_	
				TO	OTAL ESTIMATED EXP	ENSES:	
ATTACH YOUR QUICK PER DIEM ESTIMATE	E SHEET TO THE TRAVEL AUTHO	RIZATION.					
				To	tal Advance Cash Req	uested	
Don't forget to attach all the docume	ents related to your trip onto	the travel authorization in ct	cLink.				
Please remember to ask for receipts	for any items purchased or	paid for by you using cash, pe	ersonal credit card, and or v	vith the college's			
travel card (i.e. baggage fees, hotel,	taxi, shuttle, UBER, parking	etc.)					
	ACCOUNT	FUND	APPRO	CLASS	DEPT	PROJECT ID	ACTIVITY ID
Account code to charge:							
Travel must be pre-approved by the appropriate Executive Team representative and the approval documents uploaded along with other travel documentation, e.g. agenda, lodging estimates, payment receipts, etc., in the ctcLink Travel Authorization form header. Please make sure you collect all the receipts for the payments made by the personal credit card or by the college's travel card. Providing receipts is a requirement for all travel related expenses.							
Approval Signatures							
Traveler:				Signature:			Date:
Supervisor:	Signature:						Date:
Budget Approver:	Signature:						Date:

Signature:

Signature:

Date:

Date: