

TRI-COUNTY COMMUNITY COLLEGE

TRAVEL AUTHORIZATION

Date Submitted

N.C. DEPARTMENT OF COMMUNITY COLLEGES

ACTION REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> OUT-OF STATE TRAVEL
<input type="checkbox"/> OUT-OF STATE EXCESS LODGING
<input type="checkbox"/> OUT-OF STATE EXCESS REGISTRATION
<input type="checkbox"/> OUT OF COUNTRY TRAVEL
<input type="checkbox"/> REIMBURSEMENT AUTHORIZATION FOR NON-STATE EMPLOYEE
<input type="checkbox"/> CONFIRMATION OF VERBAL APPROVAL | <input type="checkbox"/> SPECIAL AUTHORIZATION ALLOWABLE
<input type="checkbox"/> REQUEST FOR ADDITIONAL APPROVAL
<input type="checkbox"/> IN-STATE TRAVEL
<input type="checkbox"/> IN-STATE EXCESS LODGING
<input type="checkbox"/> IN-STATE EXCESS REGISTRATION
<input type="checkbox"/> INITIAL REQUEST
<input type="checkbox"/> OTHER _____ |
|--|---|

TRAVELER(S):		
TRAVEL TO:		ACCOUNT NUMBER
MODE OF TRANSPORTATION:	SUBSISTENCE EXPENSES MAXIMUM PER DAY:	CONVENTION REGISTRATION:
REQUESTING DEPARTMENT:	DEPARTMENTAL APPROVAL	
	PRESIDENT	DATE
	DEPARTMENT HEAD	DATE
TOTAL ESTIMATED EXPENDITURE	TRAVEL DATES: PERIOD BEGINNING	PERIOD ENDING
PURPOSE AND EXPLANATORY REMARKS:		
(THIS SECTION FOR STATE OFFICE USE ONLY)		
___REQUEST APPROVED ___REQUEST DENIED ___REQUEST RETURNED	Approval is contingent upon availability of funds and subject to limitations imposed by G.S. 138.6.	
COMMENTS OR REPLY:		
APPROVAL FOR THE STATE PRESIDENT		DATE