

TR-1
2/01

COMMUNITY COLLEGE OF RHODE ISLAND OUT-OF-STATE TRAVEL REQUEST FORM

APPROVAL NUMBER:

DATE: _____

NAME OF DEPARTMENT: _____

SIX DIGIT OUT-OF-STATE TRAVEL ACCOUNT NUMBER: (see list below) _____

Approval is requested for the travel indicated below:

NAME: _____

TITLE: _____

DESTINATION: _____
CITY

STATE

PURPOSE OF TRAVEL:

JUSTIFICATION:

PERIOD COVERED:

FROM: _____
DATE TIME + am/pm

TO: _____
DATE TIME + am/pm

ESTIMATED TRAVEL COST(S): *(Please obtain estimates from the internet and submit copy with this form)*

FARES: _____
TYPE AMOUNT

HOTEL: _____
AMOUNT

MEALS: _____
(\$24/DAY)

TOTAL TRAVEL COST: _____

REGISTRATION FEE:

Six Digit Account Number to Charge: _____

Registration Fee Amount _____

GRAND TOTAL

I certify that this travel is in accordance with the program as approved by:

DEPARTMENT CHAIRPERSON/DIRECTOR _____ DATE

VP FOR ACADEMIC AFFAIRS _____ DATE

DIVISION DEAN _____ DATE

VP FOR STUDENT AFFAIRS _____ DATE

FACULTY TRAVEL COMMITTEE _____ AMOUNT

TREASURER _____ DATE

INSTRUCTIONS: Completed original must be approved by the appropriate; **a)** Department Chairperson/Director; **b)** Divisional Dean (at their option); **c)** Divisional Vice President and finally by **d)** the Treasurer. Once approved by the Treasurer, the Controller's Office will return a copy to traveler with the APPROVAL NUMBER inserted in the upper right hand corner of the form.

NOTE for FACULTY: Faculty must also obtain approval from the **FACULTY TRAVEL COMMITTEE**. This approval shall be obtained after approval by the Department Chairperson.

THIS FORM MUST BE ACCOMPANIED WITH AN AGENDA, A COMPLETED TRAVEL REQUISITION TO PAY FOR THE REGISTRATION FEE AND A COMPLETED REGISTRATION FORM. Please call the Controller's Office at 2150 with any questions.

LIST OF OUT-OF-STATE TRAVEL ACCOUNT NUMBERS: Faculty = 231820; President = 251101; Academic Administration = 251102; Student Affairs = 241210; Business Affairs = 251103; Others as specified by the College.