

HUDSON COUNTY COMMUNITY COLLEGE

(06/06)

TRAVEL REQUEST FORM

INSTRUCTION: Complete this form and obtain prior approvals for all travel on College-related business, whenever “per trip” expense(s) exceed \$100.00.

DATE: _____

Person Requesting: _____

Dept./Division: _____

Purpose of Travel: _____

Travel Destination: _____

Date(s): _____

	Anticipated Cost	Explanation
Transportation		
Hotel		
Food		
Fees		
Other		
Total		

Funding Source Acct. # _____

Supervisor: _____

Date: _____

Division Vice President: _____

Date: _____

President: _____

Date: _____

(Division Vice President & Trustees Only)

Photo Copy distribution to all signatures.

NOTE: Please attach descriptive material on conference or meeting to be attended.