Farmingdale State College
State University of New York

# REQUEST TO ATTEND OFF-CAMPUS MEETING

**PRIOR APPROVAL REQUIRED FOR ALL TRAVEL**

**TRAVEL REQUEST FORM FOR USE BY ALL EMPLOYEES**

## TRANSPORTATION AND EXPENSE FUND REQUEST **

Date ___/___/___

Name _____

Department _____ Phone _____

Purpose of Trip:

_____

_____

Destination _____

From ___/___/___ _____ to ___/___/___ _____
*Date* *Time* *Date* *Time*

Type of Transportation Requested** _____

Anticipated Expenses***

Room & Meals $ _____
Transportation _____
Miscellaneous _____ (For: _____
_____)

Total $ _____

Charge to Account No. _____

Signed _____
*Applicant*

*Documentation such as program, estimated costs, registration fees, etc., should be attached. Generally, out-of-state transportation can be provided only if individual attending conference is presenting a paper or is a major officer of the organization and is required to be present. If these conditions do not exist and the individual wishes to furnish his own transportation, a request for room, meals and miscellaneous allowance may be submitted.
**Submit completed "State Vehicle Request Form" to Campus Services.
***Where anticipated expenses are estimated to exceed the daily State allowance, one should apply for prior approval from the College's Accounts Payable/Payroll Office, extension 2078.

_____
Department Chairperson/Manager

_____
Dean (*if applicable*)

_____
Area Vice President

_____
Controller

## APPROVAL FOR OUT-OF-STATE TRAVEL

*(Attach supporting documentation)*

- ☐ Denial will prohibit employee from performing assigned duties.
- ☐ Denial will result in loss of income to the State.
- ☐ Travel is required under the terms of a contract or grant.
- ☐ Traveler is a presenter of paper.
- ☐ Traveler is an officer of the organization sponsoring the conference or meeting.

## COVERAGE OF CLASS AND OTHER ACTIVITIES

Name _____

Reason for Absence:

_____

_____

_____

_____

From ___/___/___ _____ to ___/___/___ _____
*Date* *Time* *Date* *Time*

Coverage of Class or Other Activities (where applicable) will be provided as follows:

_____

_____ or

Make-up Date _____

Verification of Purpose of Absence:
Can _____ Cannot _____ be provided.

Signed _____
*Applicant*

Date _____

Rev. 10/07

| | Approved | Not Approved |
|---|---|---|
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |