

Departure Date:		Return Date:	
Travelling Instructor(s) Name:		Department:	
Class Name/Section:			
GL account number:			
[Note: This should be Fund 12, Your Departure 12] the should be Fund 12, Your Departure 1	rtment, and Object heir Course Fees]	8201 – if the studer	nts pay for it within
Does Fiscal Need to book your travel?	Yes:	No:	
[Note: Please fill out the Hotel Rese	rvation Form & Airl	ine Reservation Forr	m as needed]
Do you need to check-out a P-Card for Trave [Note: Please fill out the Request He		No: itutional P-Card Forn	n as needed]
<u>APPROVAL</u> (The requisition should be revie	ewed by the unit head	or department chair)	
Requestor Signature	Printed name		Date
Signature of Dean/Dept. V.P.	Printed name		Date
Finance & Administration Signature	Printed name		Date