TRAVEL AUTHORIZATION

**MERCY COLLEGE OF OHIO**

Traveler:

Title:

This form MUST be signed by the immediate supervisor/associate dean and submitted to the Vice President a minimum of 2 weeks before the proposed travel.

Department:

Home Address:

Purpose of Travel:

Location of Event:

Dates of Proposed Travel:

Will you be seeking reimbursement? \_\_\_\_\_ Yes No

**Please complete the estimated travel costs.**  **For budget planning purposes, please provide your estimated cost for each line below. ATTACH a copy of the program with costs identified.**

 **Estimated Travel Costs**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **“X” If Direct Billed** | **Estimated Round****Trip Mileage** | **Estimated Cost** |
| Personal Vehicle |  |  |  |
| **Car Rental \*** |  |  |  |
| **Commercial Airfare \*** |  |  |  |
| **Lodging \*** |  |  |  |
| **Meals \*** |  |  |   |
| **Registration Fees \*** |  |  |  |
| **Miscellaneous (i.e. parking,****taxi)**  |  |  |   |
|  | **TOTAL FOR TRIP:** |  |  |

**\*Receipts Required**

|  |
| --- |
| Accounting Information (Fill in ALL boxes) |
| **Amount to be paid by the College:** |   |
| **Amount to be assumed by Traveler or paid by another source:** |  |
|  **TOTAL FOR TRIP:** |   |

Traveler’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_