



**REQUEST FOR OUT OF STATE TRAVEL  
EMPLOYEES ONLY  
(Not accompanying students)**

*NOTE: An employee should submit this to his/her immediate supervisor who will forward it to the appropriate approver.*

Employee: \_\_\_\_\_ Campus/Dept.: \_\_\_\_\_

Today's date: \_\_\_\_\_ *This request must be submitted 30 days before trip.*

Destination: \_\_\_\_\_

Reason for Out of State Travel:

\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_ Number of Days Absent: \_\_\_\_\_

Estimate of Travel Costs \$ \_\_\_\_\_

Approval by Immediate Supervisor: \_\_\_\_\_

Account code to pay for trip: \_\_\_\_\_

Approval by Budget Manager: \_\_\_\_\_  
*(if different from immediate supervisor)*

Additional Approval (if required): \_\_\_\_\_  
*(Program Director)*

**PLEASE ATTACH APPROPRIATE DOCUMENTATION**

Approved

Denied

\_\_\_\_\_  
Superintendent or CFO

\_\_\_\_\_  
Date