

Faculty/Librarians Travel Authorization Instructions

Please follow these instructions for professional travel, for instance: Attending an off-campus meeting, observing a student teacher, or attending a conference, to guarantee a timely approval and reimbursement for expenses.

SECTION 1:

- **Name, Department, Dates of Travel & Destination**
- **Description/Explanation of Travel** - Name of conference/event. Your role, if any.

SECTION 2:

- **Course Coverage** - If travel occurs during the academic week, please explain in detail arrangements for course coverage. *Your department chair must approve all coverage plans BEFORE the trip commences and forward it to the Vice President for approval BEFORE your trip.*

SECTION 3:

- **Funding Source** - When requesting travel money, please indicate the source of all funds. Each faculty member is allocated **\$400.00** through departmental travel funds. Other funding sources (Nursing Trust Fund, MERC, CELTSS, etc...) must be indicated.
- **Approval signature** - Department Chair
- **Send to the Department Secretary** - the department secretary will forward the form to the Office of Academic Affairs for approval by the Academic Vice President.

The Office of Academic Affairs will return the signed forms to the department secretary

*****Travel Outside the Commonwealth and Travel Authorization form should be accompany each other for the Vice President's Signature.*****

DURING TRAVEL

- **COLLECT ALL ORIGINAL RECEIPTS** -All receipts should have:
 - Date & Time
 - Cost
 - How it was paid (i.e. cash, check* or credit card)
**Cancelled Check front and back copy or bank printout with check numbers under it.*
CREDIT CARD STATEMENTS WILL NOT BE ACCEPTED AS A RECEIPT
That it was paid (zero Balance)
 - You should include a copy of your itinerary and/or conference agenda, where applicable.

If you use the Internet to book your travel please remember to printout all pages. Also include all boarding passes and hotel receipts that you receive, to back up the Internet printouts.

All travel forms, documents, and receipts relating to this travel MUST reference the General Encumbrance number.

Faculty/Librarians Travel Authorization Instructions

This form must be completed regardless of funding sources

SECTION 1

NAME: _____ DEPARTMENT: _____ DATE: _____

DATES of TRAVEL: _____ LOCATION: _____

Description/Explanation of travel:

SECTION 2

This section is to be completed by the faculty member only if traveling within the academic year.

In accordance with Article IV,A,6 of the Contract please submit this form to your Department Chair as the initial step in travel authorization. In the space below list the days and times of the courses that will be missed, course numbers, and specific details on how your courses will be covered during your absence.

Your Department Chair and the Academic Vice President must sign below for approval.

SECTION 3 Travel Funds

Funding: (Please specify- i.e Department funds, CELTSS, Start-up, no expense...)	Faculty/Librarian Request	Amount Approved (Chair/VP)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Requested	\$	\$

APPROVED: DENIED:

Department Chair

Date

APPROVED: DENIED:

Vice President of Academic Affairs

Date

REASON FOR DENIAL:

PLEASE SUBMIT TO BUILDING SECRETARY ONCE SIGNED BY CHAIR