HOUSATONIC COMMUNITY COLLEGE

TRAVEL AUTHORIZATION REQUEST

FORM CO-112 - REV. 03/10/17 (HCC)

For Business Office Use Only
TA Number _____
Provided after President Approval

To Be Submitted for Approval *Prior* to Travel

PART I – TRAVEL INFORMATION

Employee #: _____

Traveler: _____ **Job Title:** _____

Department: _____ **Telephone:** _____ (Work) _____ (Home)

Collective Bargaining Unit: ☐ Mgmt/Conf ☐ NP-2 ☐ NP-5 ☐ 4Cs ☐ NP-3 ☐ P-5

Attending: _____

Date(s): _____ **City/State:** _____

Sponsored by: _____

How does this relate to HCC professional duties? _____

If Faculty, will classes be covered? ☐ Yes *How?* ☐ No *Why not?* _____

Type of Transportation: ☐ Air ☐ Personal Car ☐ Rail ☐ Rental Car ☐ State Car ☐ Other (Specify)

Appropriate fund(s) to be charged ☐ **Dept** ☐ **Grant** ☐ **Prof. Dev.**

FUND	ORG	ACCOUNT *(For Business Office use only)*	PROGRAM

PART II - TRAVEL ARRANGEMENTS AND ESTIMATED COSTS (CO-112)

Object and Necessity of Travel – ***Attach substantiating documents.*** ***(i.e. conference registration form, hotel reservation information).***

Total Cost - *Please Itemize* Note: *Rate for meals and lodging should not exceed those provided for in standard travel regulations and in collective bargaining agreements.*

Airfare	$	☐ Pur. Req. ☐ PCard	**Taxi(s)**	$	☐ Pur. Req. ☐ PCard	**Other**	$	☐ Pur. Req. ☐ PCard
Lodging	$	☐ Pur. Req. ☐ PCard	**Registration Fee**	$	☐ Pur. Req. ☐ PCard	**Other**	$	☐ Pur. Req. ☐ PCard
Meals	$	☐ Pur. Req. ☐ PCard	**Gratuities**	$	☐ Pur. Req. ☐ PCard	**Other**	$	☐ Pur. Req. ☐ PCard
Rail	$	☐ Pur. Req. ☐ PCard	**Personal Mileage** #_____ @ $.535mi	$		**Total Cost:**	$	

Employee Signature _____ Date _____

Department Supervisor/Director _____ Date _____

Division Dean _____ Date _____

President _____ Date _____

Please forward to Linda Anzaldi in the Business Office for processing and Authorization Signature below

_____ _____

Dean of Administration & Institutional Effectiveness Authorization Date