

PRIOR APPROVAL REQUEST

Travel & Conference Expenses

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1 8	(IP	1.1	C)	

(Fiscal Office)

				(Fiscal Office)			
NAME OF TRAVELER		ORG (DEPARTMENT) NAM		IE EXTENSION			
BANNER ID NUMBER	NNER ID NUMBER		DEPARTURE DATE/EST. TIME		RETURN DATE/EST. TIME		
DESTINATION		T	VDENSE DI	STRIBUTION			
TOTINA TED EXTENSES.					•		
ESTIMATED EXPENSES:	TOTAL AMOUNT	Fund-Org-Account (1)	\$	Fund-Org-Account (2)	\$		
Registration/Conference Fees	<u>\$ -</u>						
ravel - A Trip Number is Required Prior t o Reserving Airfare							
Aileage (at current rate)							
Lodging - NYS Tax Exempt Form is available in the Student Accounts Office and O Per Diem	Onlin [,]						
Miscellaneous							
то	DTAL \$ -		0.00		0.00		
PURPOSE OF TRAVEL:							
WILL YOU BE REQUESTING THE COLL IF YES, PLEASE SEE BELOW. PLEASE COMPLETE PRE-PAY RE(FEE?	L	YES No		
ORGANIZATION:			FISCAL OFFICE ONLY				
				VENDOR:			
ADDRESS:				TRIP NO.:			
				ACCT.:			
				AMT.: \$			
DATE REQUIRED:				APPROVED:			
FRAVELER MUST ATTACH APPROPI RECEIVED IN THE CONTROLLER'S OFF PRE-PAY PRIVILEGE IF REQUEST IS NO MUST SUBMIT THE TRAVEL CONFERE	FICE AT LEAST TWO W OT RECEIVED TWO WE	EEKS PRIOR TO DEPARTURE EKS PRIOR TO THE REGISTR	DATE. TRAV ATION FEE DU	ELER WILL FORFEIT JE DATE. THE TRAVELER	Ε		
	Date:			FISCAL OFFICE ONL	.Y		
ΓRAVELER				ENCUMBERANCES	:		
CILLID DIDECTOR DEAN	Date:						
CHAIR, DIRECTOR, DEAN							
GRANT OFFICE (IF APPLICABLE)	Date:						
UNANT UTTICE (IF AFFLICADLE)			1				

SUBMIT THE ENTIRE FORM TO THE CONTROLLER'S OFFICE, A COPY WILL BE RETURNED TO THE TRAVELER.

Date:

Date:

DEAN/VICE PRESIDENT

PRESIDENT