



LEHMAN COLLEGE

REQUEST FOR TRAVEL AUTHORIZATION

Name of Employee: _____

Title: _____ Department: _____

Purpose of Trip: _____

Name of Organization: _____

Date of Trip: From _____ To _____ Destination: _____
Month Day Year Month Day Year

Method of Transportation: _____
(RAILROAD, PLANE, AUTO)

Estimated Costs

Transportation:	\$	_____
Hotel:	\$	_____
Registration Fees:	\$	_____
Miscellaneous:	\$	_____
Total:	\$	=====

Allowances permitted under N.Y.S. regulations

Transportation – only actual expense to the extent authorized will be reimbursed, except when travel is by personal car. Travel by auto will be reimbursed at the rate of .565 cents per mile. Tolls are reimbursable. Receipts are required.

Hotel – Dependent upon location, receipts are required.

Meals – Per Diem rate depending on location

Local Travel – Receipts are required.

Employee Signature _____ Date _____

Dept. Head Approval _____ Date _____

DO NOT WRITE BELOW THIS LINE

Request Approved by: _____
Denied by: _____ \$ _____

Amount Authorized
Within Allowable Limits