



# LEHMAN COLLEGE

## REQUEST FOR TRAVEL AUTHORIZATION

Name: \_\_\_\_\_ CUNYfirst EMPLID: \_\_\_\_\_

Department Number: \_\_\_\_\_ PSC Member? (Y/N): \_\_\_\_\_ State Employee? (Y/N): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_ Travel Card #: \_\_\_\_\_

Name of Meeting/Conference: \_\_\_\_\_

Are you a member of the sponsoring organization? (Y/N): \_\_\_\_\_ Indicate Purpose/Capacity of participation: \_\_\_\_\_

Date of Trip: From \_\_\_\_\_ To \_\_\_\_\_ Destination: \_\_\_\_\_  
Month Day Year Month Day Year

Method of Transportation: \_\_\_\_\_  
(RAILROAD, PLANE, AUTO)

### **CHART FIELDS:**

Dept.: \_\_\_\_\_ Dept. Name: \_\_\_\_\_

CUNYfirst General Ledger: \_\_\_\_\_ Fund: \_\_\_\_\_ MOP: \_\_\_\_\_

Operating Unit: \_\_\_\_\_ Funding Source: \_\_\_\_\_ Special Initiative: \_\_\_\_\_

### **Estimated Costs**

Transportation:	\$	_____
Hotel:	\$	_____
Registration Fees:	\$	_____
Miscellaneous:	\$	_____
<b>Total:</b>	<b>\$</b>	<b>=====</b>

### **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