



# Overnight Travel Request & Authorization

RR# \_\_\_\_\_

❖ Grant Acct Review \_\_\_\_\_

**INSTRUCTIONS:** Complete this request for overnight (in-state, out-of-state and out-of country) travel to be completed on behalf of RRCC. Attach the activity/conference information (brochure, registration form, and agenda) and any additional information relevant to your trip. ALL in-state and out-of-state overnight travel must be pre-approved by RRCC's President or delegate prior to making any travel arrangements. ALL out-of-country travel requires System President (or delegate) approval prior to making travel arrangements.

❖ *Travel funded by a grant MUST be approved by the Grant Program Investigator (PI) prior to Presidential approval.*

Forward original signed/approved authorization to Travel, Box 16, Business Services.

<b>Type of Travel</b>	<input type="checkbox"/> In-State	<input type="checkbox"/> Out-of-State	<input type="checkbox"/> Out-of-Country (CCCS System President or Delegate Approval Required)
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<b>Travel Required for:</b>	<input type="checkbox"/> Position Duties	<input type="checkbox"/> Professional Development	<input type="checkbox"/> Student Travel /Study Abroad	<input type="checkbox"/> Course Field Trip
	<input type="checkbox"/> Other _____			
	<b>Date of Request</b> _____			

<b>Traveler Name</b>	<b>Traveler RRCC S#</b>
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<b>Title of Activity</b>	<b>Dept/Division</b>
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<b>Destination(s)</b>	<b>Traveler Phone/email</b>
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<b>Departure Date</b>	<b>Return Date</b>	<b>Funding (Org Code)</b>	
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<b>Purpose &amp; RRCC Benefit</b>	
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<b>Budget:</b>	What org code will pay for expenses over the budgeted amount? _____ Do you have a State Travel Card? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Do you require a travel advance (cannot exceed \$2,500)? <span style="float:right"><input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No</span>
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Registration Fee	\$
Airfare	\$
Rental Vehicle	\$
Lodging	\$
Mileage	\$
Meals & Incidentals	\$
Miscellaneous	\$
<b>TOTAL</b>	<b>\$</b>

Notes

<h2>College Review</h2>			
Date Reviewed: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Approved Amount: \$ _____
Direct Supervisor: _____	Vice President: _____		
Grant Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Grant Program Investigator (PI): _____		
College President: _____	CCCS President/Delegate: _____		