

activity/conference	: Complete this request for any overnight information (brochure, registration form, and a el must be approved by the College President	igenda etc.).	,	
ALL international tr	avel requires CCCS President (or delegate) appropriate the sident of the	proval <b>PRIOR</b> to m	naking travel arrangements.	ents.
Type of Travel	☐ In-State ☐ Out-of-State ☐ Internationa	l (CCCS President/ D	elegate Approval <b>Required</b> )	
Travel Required for	☐ Position Duties ☐ Professional Development ☐ Student Travel /Study Abroad ☐ Course Field Trip ☐ Award for Employee of Year/Endowed Teaching Chair ☐ Other			
Traveler Name		Date of Request		
Traveler S#		Destination(s)		
Dept/Division		Departure Date		
Ext and Email		Return Date		
Type of Activity or Conference Title				
Purpose and RRCC Benefit				
Notes				
Budget	ORG Code: ORG Code for expenses <u>over</u> the budgeted amount: Do you require a travel advance (cannot exceed \$2,500)?   No  Yes Amount \$			
	Registratio	on Fee		
		Airfare		
	Rental \	/ehicle		
	L	odging		
	Mileage Ex	pense		
	Meal & Incid	dentals		
	Miscella	neous		
	Т	OTAL		
	College Review	w/Approvals		
	□ Approved Amount: \$	□ Dec	lined	
Direct Supervisor:			Date:	_
Vice President:			Date:	
	☐ No ☐ Yes, Grant Program Investigator of MUST be approved by the Grant Program Investigator (P			-
Grant Accountant:			Date:	_
College President/Delegate:			Date:	-
CCCS President/Delegate:  Required for International travel only			Date:	-