

NORTH GEORGIA COLLEGE & STATE UNIVERSITY PROFESSIONAL TRAVEL AUTHORIZATION REQUEST*

(Not required for those with Standing In-State Travel Authorization)
(Prior approval by Department Head required)

_____ IN STATE

_____ OUT OF STATE

Traveler's Name: _____ Social Security #: _____

Department: _____

Official trip made to: _____

_____ City _____ State

Address while absent: _____

Date of Trip: _____

Purpose of trip: _____

Time of Departure: _____ Mode of Travel: _____

Itemized Estimate of Costs: Meals _____ Lodging _____

Registration Fees: _____ Transportation _____ Other _____

If other, explain: _____

TOTAL _____

Date(s) Absent from Campus: _____

Means of handling classes and other business while absent: _____

1. _____

2. _____

3. _____

4. _____

Traveler: _____ DATE: _____

Employee's Supervisor: _____ DATE: _____

Budgetary Supervisor (if other than immediate supervisor): _____ DATE: _____

Name of Account: _____ Account Number: _____

President: _____ DATE: _____
(International Travel Only)

*For absence other than travel, use Personal and Sick Leave Request in lieu of this form.