

**Mayland Community College
Travel Authorization Form**

Date _____

*Use **TAB** through fields. Please put an "X" in the appropriate boxes*

- | | |
|---|---|
| <input type="checkbox"/> Out-of -State Travel | <input type="checkbox"/> Overnight Travel |
| <input type="checkbox"/> Confirmation of Verbal Approval | <input type="checkbox"/> Initial Request |
| <input type="checkbox"/> Reimbursement Authorization for Non-State Employee | <input type="checkbox"/> Revised Request |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> In-State Excess |

<i>Requesting Department</i>	<i>Source of Funds</i>
<i>Travelers</i>	
<i>Destination & Mode of Transportation</i>	<i>Total Estimated Cost</i>
<i>Subsistence - Maximum per day</i>	<i>Registration</i>
<i>Dates of Travel</i>	
<i>Beginning</i>	<i>Ending</i>
<i>Purpose and Explanatory Remarks</i>	

Departmental Signatures Only

<i>Division Chair</i>	<i>Department Chair</i>
<i>Vice President</i>	<i>President</i>

The Following Sections are for Business Office use only

<input type="checkbox"/> Request Approved	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> Approval is contingent upon availability of funds and subject to limitations imposed by G.S. 138.6. </div>
<input type="checkbox"/> Request Denied	
<input type="checkbox"/> Request returned	
<i>Comments or Reply</i>	
<i>VP, Administrative Services / Controller</i>	<i>Date</i>