



Travel Authorization Request Form

One Form Per Traveler

Date: _____

Traveler's Printed Name: _____ Employee ID # J _____

Traveler's Signature: _____

Funding Source
(FOAPAL): _____ Fund _____ Org _____ Acct _____ Prog _____ Activity _____

Traveler's Organizational Manager's Name: _____

Traveler's Organizational Manager's Signature: _____

Traveler's Approval per Section III.A.1

(<https://www.myccp.online/college-policies-and-procedures/travel-authorization-and-reimbursement>)

Approver's Signature: _____

Purpose of Trip: _____

Destination Location: _____

Arrival Date: _____ Departure Date: _____

Travel Method: ☐ Air ☐ Rail ☐ Bus ☐ Personal Vehicle _____ Other (specify): _____

Projected Costs:

Projected Transportation \$ _____

Hotel Name & Address _____

Hotel Projected Costs \$ _____

Projected Conference Fee \$ _____

(If applicable): _____

Projected Meal Costs: \$ _____

Other Projected Costs: \$ _____

NOTE: For multiple travelers traveling to the same destination all forms must be submitted together.

Incomplete requests will be rejected



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NOTE: Requestor fills in appropriate blanks & forwards completed signed documents to the Purchasing Department, purchasing@ccp.edu.

The Requestor **MUST** allow a **MINIMUM of 10 Business Days** lead time for the Purchasing Department to make appropriate flight, rail, bus and or hotel reservations.

Air Reservation

Traveler's Name:	Employee ID #J:	State of Residence:
Cell Phone Number:	D.O.B.:	Male/Female:

Departing From:	Traveling to:
Departing Date:	Preferred Departure Time:
Airline Carrier:	Flight Number:

NOTE: If more than one destination is involved or if special seating, food, etc., is needed please indicate the specifics in this area:

Returning From:	Traveling to:
Departing Date:	Preferred Departure Time:
Airline Carrier:	Flight #:

FULL NAME (AS IT APPEARS ON TRAVEL DOCUMENTS), Cell phone number, DOB & Gender MUST BE PROVIDED before Purchasing can book airfare.

Hotel Reservation

Hotel Name:	Telephone #:
Address of Hotel:	
Arrival Date:	Departure Date:
Confirmation # (MUST BE PROVIDED):	

NOTE: Purchasing will **ONLY** pay for Hotel & Taxes, any incidental charges must be paid via the traveler. See [Section III.D – Reimbursable and Non-reimbursable Expenses](#)

Per Diem rate sheet must be attached.

Rail/Bus Reservation

Departing From:	Traveling To:
Departing Date:	Preferred Departure Time:
Returning From:	Traveling to:
Departing Date:	Preferred Departure Time:

Incomplete requests will be rejected