

BLINN COLLEGE TRAVEL REQUEST AND PURCHASE AUTHORIZATION

Name: (AS IT APPEARS ON DRIVERS LICENSE)	Title:	Date:
Blinn ID:	Campus:	
E-mail address:	Phone: Office:	Cell:
Date of Birth: (ONLY REQUIRED TO PURCHASE AIRFARE)	Destination:	
	Reason for leave:	
Number of persons traveling:(please list separately with names and Blinn ID #, only when traveling as a group)		

LEAVE IS REQUESTED FOR THE FOLLOWING DATES: (dates of travel MUST be exact)

Beginning Date:	at (hour):
Ending Date:	at (hour):

COMPLETE THE FOLLOWING IF YOU ARE A FACULTY MEMBER:

Date	Classes Missed (course#/sec)	Arrangements for class

TYPE OF TRAVEL: (check all that apply)

<input type="checkbox"/> Blinn Car (\$60/day)	<input type="checkbox"/> Blinn Suburban (\$95/day) (Please contact the Transportation Department to reserve vehicle)
<input type="checkbox"/> Blinn Bus (\$250 / day)	
<input type="checkbox"/> Personal Vehicle (reimbursed at 0.56 per mile)	<input type="checkbox"/> Air <input type="checkbox"/> Charter Bus <input type="checkbox"/> Rental Car

TRAVEL EXPENSE: (The Purchasing Department will make all arrangements. Forward all detailed backup information to purchasing when submitting this form. For reimbursement, you must file a complete expense form with supporting itemized receipts.)

Registration Fee <i>(PAID BY PURCHASING)</i>	\$	Attach conference registration form.
Car / Bus Usage/Mileage	\$	
Meals (\$45 max per day)	\$	
Lodging (Attach hotel preference)	\$	Attach hotel confirmation if made individually.
Airfare	\$	
Parking / Baggage Fee	\$	
Rental / Charter	\$	
Other (Specify)	\$	
TOTAL	\$	Budget Code:

Signature Approvals

Employee	Date
Budget Manager (sign and check box below)	Date
<input type="checkbox"/> I have reviewed the appropriate budget and confirm the travel funds are available.	
Departmental Vice President (If overnight or out of state)	Date

Upon Budget Manager and/or VP Approval, forward TA and all backup information to PURCHASING.