

BISHOP STATE COMMUNITY COLLEGE

“Commitment to a Program of Excellence”

REQUEST FOR TRAVEL

Date: _____

Dr. Lawrence D. Brandyburg, Interim President
 Bishop State Community College
 351 North Broad Street
 Mobile, Alabama 36603-5898

Main Campus ()
 Carver Campus ()
 Central Campus ()
 Southwest Campus ()

Dear Dr. Sykes:

Permission is respectfully requested for authorization to travel for the purpose of attending _____

In the city of _____ State of _____

TRAVEL INFORMATION:

Date of Departure: _____ Mode of Transportation _____

Date of Return: _____ Lodging: *(Specify Hotel)* _____

Per Diem (# of Days) _____ Hotel Telephone Number: _____

Type or Print Name: _____

Signature: _____

ESTIMATED COST OF TRAVEL

Transportation	\$	_____
Conference/Registration	\$	_____
Amount of Per Diem	\$	_____
Lodging	\$	_____
Meals	\$	_____
Taxi () – Car Rental ()	\$	_____
TOTAL EXPENSES	\$	_____

DEPARTMENTAL APPROVALS:

Approved: _____

Divisional Chair/Supervisor

Approved: _____

Academic/Technical Dean

Approved: _____

Title III Office

Approved: _____

Dean of Finance/Business

Approved: _____

Executive Vice President

Approved: _____

President

Charge to: _____

(Please specify program or fund to be charged)

NOTE: ALL REQUESTS MUST BE TYPED AND ACCOMPANIED BY A LETTER TO THE PRESIDENT, EXPLAINING THE BENEFIT OF THE TRAVEL. ATTACH ANY SUPPORTING DOCUMENTS (BROCHURES, LETTERS, PAMPHLETS) RELATED TO TRAVEL. PLEASE SUBMIT TRAVEL REQUEST AT LEAST TWO WEEKS PRIOR TO TRAVEL.