Motlow State Community College

Travel Authorization for Faculty / Staff (TR-1F)

Name: _____ Official Station: _____

Department: _____ Phone Number: _____

Type of Travel: In-State ☐ Out-of-State ☐ Out-of-Country ☐ Team or Group Travel ☐

Mode of Travel: Airline ☐ Auto *(Employee's Vehicles)* ☐ Motor Pool ☐ Other: _____

If Motor Pool is selected, indicate number of vehicles. _____

(Contact Facilities Services to reserve Motor Pool Vehicle)

DATES / TIMES / PURPOSE

Date of Departure: _____ Time of Departure: _____

Place of Departure: _____ Destination: _____

Date of Return: _____ Time of Return: _____

Title of Training / Travel: _____

Faculty/Staff Development funds received to date in the current Academic Year *(Required)*: $_____

Reason for Attending:

Presenting Paper ☐ Serving as Officer ☐ Serving on Committee ☐

Discipline-related Growth ☐ Other *(Explain)*: _____

Travel Expenses will be from: Personal Funds ☐ Motlow Funds ☐

Dept. Account # _____ *(REQUIRED if applicable)*

Estimated Motlow Travel Expenses:	Number of Miles _____	at 0.47	= $ 0
		Airfare	= $
	Number of Days Meals & Incidentals _____	Amount	= $
Rate Per Night _____	Number of Nights Lodging _____	Amount	= $ 0
		Registration	= $
Other (Itemize - _____)			= $
		TOTAL	**= $** 0

I certify that no classes will be missed: _____ *(Initial)*

Faculty must indicate any classes that will be missed: Total classes missed to date: _____

Date: _____ Period: _____ Date: _____ Period: _____ Date: _____ Period: _____

Requested by: _____

Signature

Approved:

Budgetary Head Date Vice President Date

For Faculty Staff Development Purposes Only *(to be completed by Academic Affairs)*

Percentage Allowed: 50%_____ 75%_____ Other Amount_____

Account Number *(Office Use Only)*: _____ Amount_____

Account Number *(Office Use Only)*: _____ Amount_____

Additional Information

****BUSINESS OFFICE - Upon completion, please return this form to the appropriate budgetary head.***