

Baruch College

Travel Authorization Request

No.

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(Please type or print)

Name _____

ss # _____ - _____ - _____

Payroll Title _____

Dept. _____

Ext. _____

Box _____

Home Address _____

City _____

State _____

Zip _____

Destination _____

Departure date _____

Return date _____

Mo Day

Mo. Day Yr.

Purpose of trip _____

 Professional Meeting

 Sponsoring Organization

(Include copy of notification or preliminary program)

 Recruiter

 Candidate

 Other

I have read and consent to the terms and conditions set forth on the reverse side of this form

Signature _____

Date _____

(Application does not need to be signed by candidates)

INSURANCE COVERAGE: Employees of the college are insured by a \$100,000.00 accidental loss of life policy while traveling by common carrier

	TRAVEL EXPENSES		APPROVALS	
	ESTIMATED	APPROVED	(Signature of appropriate officials)	
Transportation				
Air	_____	_____	_____	_____
Train	_____	_____	Department Chair or Director	Date _____
Car	_____	_____	_____	_____
Other	_____	_____	School Dean	Date _____
Meals	_____	_____	_____	_____
Lodging	_____	_____	Provost	Date _____
Registration Fee	_____	_____	_____	_____
Local travel	_____	_____	Vice President	Date _____
_____ Total	_____	_____	_____	_____
			Additional Approval (if required)	Date _____

REQUEST FOR ADVANCE

Amount Requested (50% of amount approved not to exceed \$200.00) _____

(Allow three business days for the advance to be processed)

Conditions

1. An accounting of expenses incurred, including proper receipts, will be made within five business days of date of return.
2. If the total expense does not exceed the advance the difference will be reimbursed by check payable to Baruch College.
3. The travel advance will be deducted from the travel reimbursement check issued by the Office of the State Comptroller.
4. In the event I do not comply with these conditions, I appoint the Controller of Baruch College my attorney-in-fact to act in any way I could to endorse and negotiate any checks I may receive and apply the proceeds to the payment of this or any other outstanding travel advance.

Signature of Applicant _____

Date _____

Budget Office		Controller's Office	
Funds Available _____		Check No. _____	Date _____
Iss Dept _____	Dept _____	Prepared by _____	Amount _____
Fiscal Year _____	Code _____	Voucher No. _____	Date _____