**DCB Campus**

**Application for Travel**

Name:

|  |  |
| --- | --- |
| Date of Departure:       | Date of Return:       |

Destination(s):

In case of emergency, I can be reached at:

Method of travel:

Fund(s) charged:       Estimated cost of trip:

|  |
| --- |
| Purpose of travel:       |

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:
 Name

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:
 Supervisor/Department Chair

Out-of-state travel requires the approval of the Campus Dean.

 Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

|  |
| --- |
| **Applications must be submitted to the Supervisor within the following timeframes:****In state: Three (3) working days prior to departureOut-of-state: Five (5) working days prior to departure** |

**Copy to: Supervisor, Faculty/Staff member, and Business Office** (Submit with Travel Voucher)