CASTLETON UNIVERSITY
OUT OF STATE TRAVEL REQUEST

APPROVAL IS REQUESTED FOR OUT-OF-STATE TRAVEL FOR THE FOLLOWING INDIVIDUAL:

NAME: _________________________________________  TITLE: ______________________________________

PURPOSE OF TRAVEL:
________________________________________________________________________________________
________________________________________________________________________________________

________________________________________________________________________________________

DESTINATION: __________________________________________________________________________

ESTIMATED DATE OF DEPARTURE: __________  ESTIMATED DATE OF RETURN: __________

ESTIMATED EXPENSES FOR: ___________________________  CHECK MEANS OF TRAVEL:
TRAVEL ___________________________________  TRAIN ______ BUS _______ AIR _______
MEALS & LODGING _________________________  COLLEGE FLEET VEHICLE* _______________
CONFERENCE REG. _________________________  PRIVATE CAR ___________________________
OTHER ________________________________  *PLEASE COMPLETE VEHICLE REQUEST FORM

TOTAL COST
NOT TO EXCEED: _______________________

APPROVAL OR ALTERNATE RECOMMENDATIONS:

____________________________________  _______  ____________________________  _______
SUPERVISOR  DATE  PRESIDENT  DATE