



Medgar Evers College

1650 Bedford Ave.
Brooklyn, NY 11225

OF THE CITY UNIVERSITY OF NEW YORK

REQUEST FOR TRAVEL AUTHORIZATION

Name of Employee: _____ SS #: _____

Title: _____ Department: _____

Purpose of Trip: _____

Name of Organization: _____

Date of Trip: From: _____ To: _____ Destination: _____

Method of Transportation: _____
(RAILROAD, PLANE, AUTO)

Estimated Cost: _____
Transportation: \$ _____
Hotel: \$ _____
Meals: \$ _____
Registration Fees: \$ _____
Miscellaneous: \$ _____

Allowances permitted under N.Y.C. regulations
Transportation-actual, expense incurred will be reimbursed when authorized except when travel is by auto. Travel by auto will be reimbursed at the prevailing rate per mile as per New York State Regulation
A. See Schedule for rates and allowances.
B. Receipts are required for all expenditure
Registration Fees - expense incurred will be reimbursed when authorized. Receipts are required

Total Estimated Cost: \$ _____
The undersigned understands that Air Travel is authorized only on aircraft engaged in scheduled passenger air transportation as a common carrier. All flights are direct to destination and economy class.

Is per diem advance requested? _____
Max: \$250.00

Are pre-paid travel arrangements _____

CONFERENCE ANNOUNCEMENTS OR REQUESTS FOR PRESENTATION OF PAPER(S) MUST BE ATTACHED

Employee Signature: _____ Date: _____

Div./Unit Head Approval _____ Date: _____