CAMERON UNIVERSITY

Travel Request for Leave and Reimbursement

Name: _____ CU I.D. #: _____ Number of Passengers: _____

School/Dept: _____ Acct. #: _____ Acct. Mgr. Initials: _____

Destination: _____ Students Traveling: Yes ☐ No ☐

APPROVED SUBJECT TO FUNDS BEING AVAILABLE

Reason for Request: _____

Departure Date: _____ Time: _____ Travel time requested to and from: _____

Return Date: _____ Time: _____ Conference Days: _____

☐ No Reimbursement Requested

☐ Reimbursement Requested (Check appropriate items below)

☐ University Vehicles** _____

** Account number if different account number listed above.

☐ Meals (if gone 24 hours or more)

☐ Lodging

☐ *Coach Airfare _____

☐ Registration

☐ Miscellaneous

☐ Mileage, personal Vehicle Tag # _____

☐ Turnpike Tickets (reimbursed)

*Air Travel: All Airline Tickets are to be purchased through the state designated travel agents. Call ext. 2226, Room 101, Administration Building, for information.

Applications must be received in the Business Office 72 hours prior to the date of travel if reimbursement is requested.

Listed below is the highest level official responsible for approving travel requests for employees:

President: Approves all travel requests for direct reports.
Vice President for Academic Affairs: Approves travel requests for all direct reports and all travel request using accounts managed by VPAA.
Vice President for Business and Finance: Approves travel requests for all direct reports.
Vice President for Enrollment Management and Student Success: Approves travel requests for all direct reports.
Vice President for University Advancement: Approves travel requests for all direct reports.
Deans: Approve travel requests for all direct reports.
Department Chairs: Approve travel requests for all employees in their respective departments prior to submitting the requests to the appropriate Dean for his/her approval.
Directors: Approve travel requests for all direct reports.

Upon approval, one copy of this form will be retained by the Business Office, Room 101, Administration building. A copy will be scanned to the department's administrative assistants or specified person. Contact the Business office immediately upon return if reimbursement is requested.

Signed _____ Date _____ Approved _____ Date _____
Person Requesting Travel — Dept. Chairman/Director

Signed _____ Date _____ Approved _____ Date _____
Dean/AVP — Vice President

Approved _____ Date _____ Approved _____ Date _____
Business Office — President or Designee