Muskegon Community College
221 S. Quarterline Road • Muskegon, Michigan 49442

TRAVEL REQUEST

INSTRUCTIONS:

TEACHING FACULTY:

1. Fill in appropriate information and forward to DEPARTMENT CHAIRPERSON.
   a. If approval on departmental level is granted, the department chairperson will co-sign and forward to appropriate Vice President.
2. **On return to campus, file Travel Expense Report.**

NON-TEACHING FACULTY:

1. Fill in appropriate information and forward all copies to your SUPERVISOR for approval.
2. **On return to campus, file Travel Expense Report.**

DATE	**DIVISION**	**DEPARTMENT**

REQUESTOR(S)

TO: CITY STATE INCLUSIVE DATES

FOR: PURPOSE OF TRIP; ATTACH PROGRAM , IF POSSIBLE:

LEAVING: DATE TIME ☒ A.M. ☐ P.M. **RETURNING:** DATE TIME ☐ A.M. ☒ P.M.

ABOVE TIMES MUST BE FIRM AS SOMEONE ELSE MAY HAVE REQUESTED AND SCHEDULED VAN.

ADDRESS, PHONE NUMBER WHERE REQUESTOR MAY BE REACHED WHILE AWAY:

PERSON ASSUMING RESPONSIBILITIES WHILE REQUESTOR IS AWAY:

LIST BENEFITS OF THIS TRAVEL FOR THE COLLEGE, YOUR PROFESSIONAL GROWTH, ETC.

EXPENSES:

☐REQUEST COLLEGE VAN (credit card furnished)	
☐WILL DRIVE PERSONAL CAR _____ MILES AT current IRS rate	$_____
PLANE OR TRAIN FAIR.....	_____
REGISTRATION FEE(S).....	_____
MEALS FOR _____ DAYS.....	_____
LODGING FOR ____ DAYS AT $_____ PER DAY.....Confirmation #.....	_____
MISCELLANEOUS EXPENSES.....	_____
OTHER.....	_____
TOTAL:	$_____

APPROVALS: DEPARTMENT HEAD/ CHAIRPERSON: **DATE**	SUPERVISOR APPROVAL: **DATE**
DEPARTMENT CHARGED:	ACCOUNT NUMBER**:**