



EDUCATIONAL / CLASS TRAVEL

Departure Date:

Return Date:

Travelling Instructor(s) Name:

Department:

Class Name/Section:

GL account number:

Number of Students:

Estimated Cost:

Itinerary Attached?

Yes:

No:

APPROVAL (The requisition should be reviewed by the unit head or department chair)

Requestor Signature

Printed Name

Date

Signature of Dean/Dept. V.P.

Printed Name

Date

Finance & Administration Signature

Printed Name

Date

President

Printed Name

Date