

Office of the Provost and Vice President for Academic Affairs

Travel Request Form Instructional Personnel**

Traveler's Name:					
Title:	Department:				
Years at Hostos Community C	ollege/Full Time:				
Phone #	_ Fax #	Email:			
Purpose of Trip					
Class Coverage:** Course		Sec.:	Days/Time:		
Substitute Name:					
Itinerary Arrivals/Departure. Destination: Departing from (city/state): Arriving at (city/state): Return Trip:					
Departing from (city/state):		(on) Date:	(at) Time:		
Arriving at (city/state):		(on)Date:	(at) Time:		
Itemized Expenses			No Funds Requested		
Lodgingdays @ \$/day Mealsdays @ \$/day Conference Registration Fees Air/Train transportation Taxis and Local Travel Rental Car Misc Expenses			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
Total Itemized Expenses			\$		
Funds requested			\$		

Emergency Contact Information

Name:					
Street Address:					
Phone #	Other #		Email:		
	Signature of Traveler		Date		
Authorization					
Amount approved & allocated from PSC funding: \$					
Department Chairperson (signature): Date:					
Amount requested from OAA travel fund: \$					
Provost/Dean (signature	Provost/Dean (signature): Date:		Date:		
The three priority areas for funding are listed below. Please select the priority that applies to your request:					
- Present at profe	ssional conference				
- Professional dev	velopment activity				
- Attend professio	onal conference				

**This form is to be used by instructional faculty and staff when traveling on college business during the academic year-- from the first day of classes, Fall Semester to last day of classes, Spring Semester. Winter Intersession is included in this time period. However, this form is not required for travel during the Spring Break unless travel expenses are being requested.

***Any faculty substitution must be approved by the department chair and the Provost. As per the by-laws, department chairs approve all teaching assignments and in the case of part time employees, approval must come from the Provost.