

TRAVEL AUTHORIZATION REQUEST FORM

NOTE: Fully completed form must be submitted no later than a minimum of 20 business days before your departure date. Attach a copy of ALL related documents to this form (conference bulletin, announcement, registration, itinerary, etc.). Each Staff member must complete an individual Travel Form. The College does NOT cover the cost of meals for day trips.

TRAVELER NAME MUST MATCH PASSPORT/PASSPORT ID, AND/OR DRIVER'S LICENSE/ STATE ID.

TRAVELER INFORMATION

First Name:		Middle Name:		Last Name:	
Gender (required by the airlines): <input type="checkbox"/> Male <input type="checkbox"/> Female		Department:			
Phone # (Office/Cell):		Email:			
Employee ID #:		Date of Birth (required for airlines only):			
Travel Dates – From:		To:			
Departure Time:		Return Time:			
Please check all applicable for your trip: <input type="checkbox"/> Day Trip <input type="checkbox"/> Overnight Trip					
<input type="checkbox"/> International Travel – Passport # (required):				(Must complete Form B)	
Frequent Flyer/TSA Traveler # (if any):					
<input type="checkbox"/> Registration <input type="checkbox"/> Lodging <input type="checkbox"/> Airline Tickets <input type="checkbox"/> Train Tickets <input type="checkbox"/> Bus Tickets <input type="checkbox"/> Personal Car					
Special accommodations (if needed):					
Total Number of Travelers: Student(s)				(Must complete Form A)	

CONFERENCE/LOCATION INFORMATION

Travel Destination:				
Address:		City:	State:	Zip:
Description/Justification:				

LODGING INFORMATION – IF APPLICABLE

Hotel Name:		Discount Code (if applicable):		
Address:		City:	State:	Zip:
Number of rooms requesting:				

ESTIMATED TRAVEL COST

INDIVIDUALS TRAVELING ON BEHALF OF ECC MUST PROVIDE ESTIMATED COST. ALL BOOKING ARE MADE VIA PURCHASING THROUGH ECC TRAVEL AGENCY EXCEPT REGISTRATION FEES.

	Estimated Cost
Train / Bus/Airline	
Hotel	
Registration Fees	
Mileage (as allowed by IRS guidelines)	
Meals (Overnight travel only as per GSA Guidelines Per Diem Rates GSA)	
Others (baggage fees, tolls, shuttle/taxi, parking, etc.)	
TOTAL ESTIMATED COST	

Finance Account # for Registration

Fund:	Organization:	Account:
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Finance Account # for Travel

Fund:	Organization:	Account:
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Does the conference accept a check for payment? Yes No

CONFERENCE REGISTRATION		
Fiscal Year:	Check Amount:	
Vendor ID Number in Banner (if any):	(A W-9 maybe required if not on file)	
Pay to the Order of:		
Street Address:	City:	State:
Zip Code:	Country:	
Employee Signature:	Date:	

APPROVALS			
	Name	Signature	Date
Department Head			
Area Head			
Finance			
President (Overnight Only)			

NOTE: THE COMPLETED FORM MUST BE SUBMITTED TO THE ACCOUNTS PAYABLE DEPARTMENT AT ACCOUNTSPAYABLE@ESSEX.EDU

For Accounts Payable Use Only:	
Check No.:	Banner Invoice No.:
Processed By:	Date:
Form B for International Travel submitted to insurance company on Date:	

INTERNATIONAL TRAVEL ONLY - FORM B

FOR INTERNATIONAL TRAVEL ONLY	
<i>The College must notify the College's Insurance carrier when any staff and/or students are traveling internationally, on behalf of ECC.</i>	
Please provide the following information:	
Trip Dates:	
Location:	
Number of students:	
Number of ECC staff:	
Number of authorized individuals traveling on behalf of ECC:	
The Notice of International Travel shall be sent by Accounts Payable to ECC's Insurance Carrier	

A copy of the Notice of International Travel only, shall be sent by Accounts Payable to the General Counsel via email to the Office of General Counsel.

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STUDENT TRAVEL LIST - FORM A

TRAVELER NAME MUST MATCH PASSPORT/PASSPORT ID, AND/OR DRIVER'S LICENSE/ STATE ID.

Sr. #	First Name	Middle	Last Name	ECC ID #	Gender (required by the airlines)	DOB (required by the airlines)	Additional Information Passport, TSA frequent flyer, etc.
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