



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 A) |
| 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 B and C) |

☐ By signing this form, I acknowledge and understand that it is my responsibility as an employee of Essex County College/authorized individual to travel on behalf of Essex County College to ensure and maintain a valid driver's license, renewed auto insurance, and valid registration, in accordance with New Jersey law on operating automobiles. This responsibility is in effect when employees and authorized individuals use their personal vehicle for legitimate College business, with or without seeking travel, mileage, and other reimbursements from the College as per REG 3-3 Travel Request and Expense Reimbursement Form (ECC 302).

CONFERENCE/ MEETING INFORMATION

| | | | |
|-----------------------------|-------|--------|------|
| Name of Conference/Meeting: | | | |
| 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 | |



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FINANCIAL ACCOUNT INFORMATION

| | | |
|--|---------------|----------|
| Finance Account # for Registration: | | |
| Fund: | Organization: | Account: |
| Finance Account # for Registration: | | |
| Fund: | Organization: | Account: |

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: | |



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INTERNATIONAL TRAVEL ONLY - FORM A

FOR INTERNATIONAL TRAVEL ONLY

The College must notify the College's Insurance carrier when any staff and/or students are traveling internationally, on behalf of ECC.

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.

STUDENT TRAVEL LIST - FORM B

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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STUDENT ASSUMPTION OF RISK AND RELEASE FORM – FORM C

(STUDENT ACTIVITIES, USE OF FACILITIES AND FIELD TRIP WAIVER FORM)

In consideration of participating in Essex County College activities, using College facilities including the fitness center or attending a field trip to _____ on or about _____ hosted by _____ at Essex County College, I hereby agree as follows:

ASSUMPTION OF RISK AND RELEASE: I hereby voluntarily assume all risks (including, but not limiting to, my exposure and potential contracting of COVID-19 or other infectious diseases) associated with participation in Essex County College student activities, use of College facilities including the fitness center and participation in offcampus field trips. In assuming these risks, I agree to indemnify and hold harmless Essex County College, its officers, directors, Trustees, agents, employees including but not limited to, the Essex County College staff from any and all liability from any judgement, settlement, loss, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, claims, causes of action or demands of any kind and any nature whatsoever which may arise by or in conjunction with my participation in any student activities, use of College facilities including the fitness center, and my participation in field trips related to Essex County College except in the event of their gross negligence. The terms of this Agreement shall serve as a release and assumption of risk for my heirs, estate, executor, administrators, assignees and all members of my family.

I acknowledge and understand that participating in certain student activities, using College facilities including the fitness center or participating in field trips may involve **MANY RISKS OF INJURY/ILLNESS**. I understand the inherent potential dangers and risks of participating in these activities/use of facilities/trips. Because of these dangers, I recognize the importance of following all established Essex County College Board Policies, Regulations, protocols, and procedures.

MEDICAL EMERGENCY: In the event of an emergency and I am unable to act on my own behalf, I authorize the College to take whatever action they deem is warranted and appropriate regarding my health and safety.

In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.

Name _____ Student ID _____

Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(if student is less than 18 years of age)