STONEHILL COLLEGE TRAVEL <u>PRE-</u>AUTHORIZATION FORM

This form must be completed for all travel before travel arrangements are made (excluding travel associated with Admissions & Athletic recruiting, fundraising or mandatory team travel). File completed form in traveler's department

Name:	Date of Request:				
Destination:			Fund/Org to be Charged:		
If budget to be charged i	s associated with a grant, ind	licate if travel is approved in gra	unt proposal Yes	No	
Departure Date:		Reti	urn Date:		
PURPOSE OF THIS TRI	P :				
		Estimate of Expenses			
Round trip transportation	(including transportation to	•			
Personal Car	Mileage	Miles @		\$	
Airfare				\$	
Rental Car				\$	
Other				\$	
Lodging	Number of days	@		\$	
If conference, wo	orkshop, or seminar, please at	tach related brochure document	ing schedule and hotel rates		
Meals	Number of days	@		\$	
Registration fee				\$	
Other trip expenses:					
				\$	
				\$ \$	
				\$	
		Total Estimate	ed Expenses	\$	
I hereby request author	ization to travel on behalf o	of Stonehill College. I have re	ad and understand Stonehil	l's travel policy and	
procedures as well as m	ore specific or restrictive p	olicies established in my divisi	on. I understand that all tra	avel expenses must be	
claimed for reimbursen	nent within 30 days after I r	eturn from this trip.			
Traveler's Signature			Date	e:	
Budget Approver Signa	ture:		Date	:	
Vice President Signatur	re:		Date	:	