

**STONEHILL COLLEGE  
TRAVEL PRE-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 is associated with a grant, indicate if travel is approved in grant proposal    Yes                      No

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

PURPOSE OF THIS TRIP :

Estimate of Expenses

Round trip transportation (including transportation to and from airport)

Personal Car	Mileage	_____ Miles @ _____	\$ _____	0
Airfare			\$ _____	
Rental Car			\$ _____	
Other		_____	\$ _____	

Lodging                      Number of days \_\_\_\_\_ @ \_\_\_\_\_                      \$ \_\_\_\_\_                      0

If conference, workshop, or seminar, please attach related brochure documenting shedule and hotel rates

Meals                      Number of days \_\_\_\_\_ @ \_\_\_\_\_                      \$ \_\_\_\_\_                      0

Registration fee                      \$ \_\_\_\_\_

Other trip expnses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Estimated Expenses                      \$ \$ \_\_\_\_\_ -

<b>I hereby request authorization to travel on behalf of Stonehill College. I have read and understand Stonehill's travel policy and procedures as well as more specific or restrictive policies established in my division. I understand that all travel expenses must be claimed for reimbursement within 30 days after I return from this trip.</b>	
<b>Traveler's Signature</b> _____	Date: _____

**Budget Approver Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Vice President Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

