

TECHNICAL COLLEGE SYSTEM OF GEORGIA
AUTHORIZATION FOR OUT-OF-STATE TRAVEL
(Prior approval must be obtained)

Name	Title	
Department	Budget Code	
Unit Name	Telephone	Extension
Estimated work days required for this trip	Actual work days required for this trip	
Origin	Depart Origin	
	Date	Time
Destination	Depart Destination	
	Date	Time
Trip Classification (Please check one): <input type="checkbox"/> 1. Official Travel <input type="checkbox"/> 2. Educational Travel <input type="checkbox"/> 3. Professional Travel	Mode of Transportation (Please check one): <input type="checkbox"/> 1. Commercial Airlines <input type="checkbox"/> 2. Train <input type="checkbox"/> 3. Bus <input type="checkbox"/> 4. Personal Auto <input type="checkbox"/> 5. Fleet Vehicle <input type="checkbox"/> 6. Other:	
Purpose:		
Estimated Expenses	Hotel	\$
	Meals	\$
	Transportation	\$
Other Travel Expenses (Please Itemize)		
		\$
		\$
		\$
	TOTAL EXPENSES	\$
Requested by - [Person Traveling]		Date
Recommended by - [Office Head or President]		Date
Approved by - [Commissioner/President or Designee]		Date