

TRAVEL REQUEST
State University of New York at Oswego

T-1

P.O. # _____

Travel Req. # _____

Dept. # _____

P.O. # _____

Date _____

Name: _____

Destination: _____

Title: _____

Purpose: _____

Trip Begin Date: ___ / ___ / ___ **End Date:** ___ / ___ / ___

of Trip _____

Estimated cost of trip:

Amount of Reimbursement:

<u>TRAVEL</u>	<u>Cost</u>	FULL	PARTIAL
Common Carrier	_____		
Personal Car	_____		
Hotel and Meals	_____		
Tolls and Parking	_____		
Miscellaneous	_____		
Total	_____	_____	_____

TRAVEL CARD REQUEST

HAVE A TRAVEL CARD

NEED A TRAVEL CARD

PLEASE USE TRAVEL CARD

SIGNATURES:

Signature of Traveler

Chairperson

DEAN

Out of State

Send for Provost approval through Scott Furlong, 702 Culkin Hall