

## Authorization Request for off-campus meeting/travel

(Please Print)					(918) 463-2931	
Name					Date of Request	
Reason for Absence						
Destination						
List dates covered by this request						
Request Date/Time to pick up keys			Time/Date car & keys returned			
List classes to be missed or other duties for which you would normally be responsible on these dates:						
Request College Vehicle:	Car(s)	Van(s)		Mini Bus	Big Bus	
No travel allowance for vehicle						

Estimated Cost:	Personal Car	Miles \$.575
	Tag #	
	College Car	Miles \$.575
	Tag #	
	Meals and Lodging	
	Registration Fee	
	Misc: Tolls, Parking, Etc.	
	Total	
Signature		

Division Head: Your approval of this request and your signature below will note agreement with the above regarding justification in terms of time and expense. Please process this request as soon as possible so arrangements may be finalized well in advance of dates covered by request.

Department	Budget Account #
Date	Division Head
Date	Vice President or President

DOC: Travel Authorization 01-01-2022

700 College Road • Warner, OK 74469-9700

(Please	Print)