# GUIDELINES FOR EMPLOYEE COMPLETION OF TRAVEL AUTHORIZATION REQUESTS (CO-112)

(See Sample Travel Authorization Form Attachment)

#### Box No.

- **T.A. NUMBER**--Leave blank. This number will be assigned by the Business Office.
- **EMPLOYEE NUMBER**--Six-digit employee identification number (found on your payroll check stub and used on your time card).
- **EMPLOYEE NAME**--First and last name of person traveling or taking course.
- **TITLE**--Job Title of employee.
- **DEPARTMENT--**Employee's department
- **WORK TELEPHONE NO.-**-Office phone number at HCC.
- **HOME TELEPHONE NO.** --Telephone number at home.
- **COLLECTIVE BARGAINING UNIT--**Check the proper box corresponding to your union.
- **ATTENDING**--Name of Conference/training/course
- **DATES**--Dates of conference/training/course
- **CITY/STATE**--Location of conference/training/course
- **SPONSORED BY**--Agency/organization/grant sponsoring conference/training/course
- 13 HOW DOES THIS RELATE TO HCC PROFESSIONAL DUTIES--Explain importance of conference/training/course to your professional duties
- 14 IF FACULTY, WILL CLASSES BE COVERED--Check appropriate box and explain in 14a.
- **TYPE OF TRANSPORTATION**--Check one.
- APPROPRIATE FUND(S) --Check appropriate line and indicate cost center to be charged (Banner Fund, Organization, Account and Program)
- **OBJECT AND NECESSITY OF TRAVEL**--attach substantiating documentation
- TOTAL COST (ITEMIZE)--Indicate the estimated cost for each item checked; check appropriate box if item is being paid through a purchase req or PCard.
- **TOTAL COST**--Total cost of all the above itemized amounts.
- **SIGNATURE OF EMPLOYEE**--Signature of person claiming reimbursement.
- **DATE OF REQUEST**--Date this request is being completed by employee
- 22-24 **DEPARTMENT SUPERVISOR/DIRECTOR; DIVISION DEAN; PRESIDENT**--Employee obtains signature of the appropriate Dean, or the President (in the case of a Dean or in the case of an employee reporting directly to the President)
- DEAN OF ADMINISTRATION--After TA has been signed by the above, it is submitted to the Business Office. If all is in order, TA will be approved by the Dean of Administration & Institutional Effectiveness and kept on file in the Business Office until the Employee Reimbursement request is submitted.

#### HOUSATONIC COMMUNITY COLLEGE

## TRAVEL REQUEST AUTHORIZATION FORM CO-112 - REV. 03/10/17 (HCC)

For Business Office Use Only
TA Number <u>(1)</u>
Provided after President Approval

### To Be Submitted for Approval **Prior** to Travel

				Emplo	yee #:	(2)	
Traveler: (3)			Job Title:(	4)			
Department: (5)			Telephone:				
Collective Bargaining	Unit:(8) M	gmt/Conf	NP-2	Work NP-5			Home
	40	Cs	NP-3	P-5			
Attending:	(9)						
Date(s):	(10)			City/State:	(11)		
Sponsored by:	(12)						
How does this relate t HCC professional duti							
If Faculty, will classes	be covered?	Yes How? No Why not?	(14a)				
Type of Transportatio	n:	Air	Personal Car				
	_	Rail	Rental Car	E)			
	_	State Car	Other (Speci		1	ACCOUNT	PROGRA
			ELIND				
			FUND	ORG		siness Office use only)	PROGRA
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