

STOCKTON UNIVERSITY 2018

AUTHORIZATION REQUEST FOR TRAVEL/VEHICLE /STAFF TRAINING

I request authorization to incur reimbursable expenses as follows:

DO NOT WRITE IN THIS BLOCK

HUMAN RESOURCES ARTV# _____
STAFF TRNG# _____

Employee Name _____ Z Number _____ Department _____
Check Reason For ARRT: Conference/Convention Business Meeting held by other State of NJ Dept/Org/Instit Business Meeting Other
 Candidate Staff Training (supply details in explanation box below) Course Related Other

Explain Reason for travel or staff training in full (include names of other college employees traveling on same mission or participating in same activities):

* List of travelers must be on file with campus police and waivers on file with risk management before leaving campus for all trips.

Date & Time of Departure/Event	Date & Time of Return	Departing From/Location	Destination
Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Date _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____	_____

Request authorization for recurring monthly/semester travel

1. Are you attending this event for Scholarly Purposes (Teaching or Research)? Yes No
*If YES, you may skip this section and you are **NOT** required to complete the Request for Approval of Attendance Form.*
2. Will employee receive an Honorarium or be paid from outside sources in connection with this assignment? Yes No
*If YES, you **MUST** complete the Request for Approval of Attendance Form.* Amount \$ _____
3. Is the employee attending an Event which means a meeting, speaking engagement, symposium, ground-breaking, ribbon-cutting, open house, cocktail party, fundraiser, holiday party, social function, or similar event that takes place away from the State's official's work location, is sponsored or co-sponsored by a non-state government source? Yes No
*If YES, you **MUST** complete the Request for Approval of Attendance Form.*
4. Is the employee's travel being totally paid for with College Funds or with Grant Funds held by the College? Yes No
*If NO, you **MUST** complete the Request for Approval of Attendance Form.*

TRAVEL DESCRIPTION	AMOUNT
Transportation <input type="checkbox"/> Air Travel \$ _____ Air <input type="checkbox"/> Other _____ <input type="checkbox"/> Train <input type="checkbox"/> Rental Car <input type="checkbox"/> Ground Transportation/Tolls/Parking \$ _____ Other <input type="checkbox"/> Stockton Vehicle # of Vehicles _____ # of Passengers _____ <input type="checkbox"/> Personal Auto _____ Miles @ 54.5 (current rate) \$ _____ Mileage <input type="checkbox"/> Request transport students (attached is a list of students) Waivers are to be fully executed and held by Risk Management Additional Drivers _____ Other Expenses (ex: internet access, luggage, etc) _____ \$ _____	
Meals Per Diem Rate _____ First and Last day of travel \$ _____ x 2 \$ _____ Breakfast _____ x _____ Lunch _____ x _____ Dinner _____ x _____ \$ _____ # Rate # Rate # Rate (Deduct any meals included in the conference fee) Number of Days ___ x \$5 "IE" \$ _____	
Lodging <input type="checkbox"/> Conference Hotel <input type="checkbox"/> Per Diem Lodging \$ _____ Number of Rooms _____ COST _____ x _____ \$ _____ Days Rate (+ tax if applicable)	
Registration Fee \$ _____ Vendor Name _____	
TOTAL \$ _____	
CERTIFICATION / APPROVALS I CERTIFY that the charges to be made will be in accordance with The Richard Stockton College Of New Jersey Travel Procedures and will be limited to those required in an official capacity Employee Signature _____ Title _____ Date _____	Banner Fund/Org/Account # _____ I APPROVE this request and CERTIFY that sufficient funds are available for these charges in the accounts of this budget unit. Budget Unit Manager _____ Title _____ Date _____
Official Use Only	
Approved in a Sum not to exceed \$ _____	Travel Officer Signature _____

Please submit completed forms to the Travel Office