

Gadsden State Community College

Request for: In-State In-State Actual Out-of-State Travel

Name _____ Department _____

Dates of Travel _____ Type of Transportation _____

Reason for travel: _____

In the city of _____ State of _____

Travel Expense Requested: _____ Yes _____ No

Traveler Signature Date

Immediate Supervisor Signature Date

STOP HERE if only requesting Regular In-State Expenses. Continue if requesting Actual In-State or Out-of-State Expenses.

Mode of Transportation _____ Lodging _____

Date of Departure _____ Return _____

Description	Estimated Costs
Transportation/Mileage	
Request to Prepay Airfare? ___ Yes ___ No	
Registration Fee	
Request to Prepay? ___ Yes ___ No	
Room	
Meals	
Taxi/Car Rental/Parking	
Total	

F O A P

Traveler Signature Date

Supervisor/Division Chair Date

Dean Date

President/Designee Date

To be signed ONLY if requesting pre-paid expenses

I, the undersigned employee, verify that any **PREPAID** expenses are for travel on official State business. In the event I do not make the trip for any reason, I agree to reimburse the college for any pre-payment made on my behalf

Employee Signature Date

*****This form must be attached to all travel reimbursement forms*****