



REQUEST FOR OFFICIAL TRAVEL

	CITY		DATE		DESTINATION
Departing	Lake Charles	on	at	AM/PM	
Returning to	Lake Charles	on	at	AM/PM	

Purpose of Travel (complete this section):

Note: Attach documentation relating to purpose of travel expense.

ESTIMATED COSTS

TRANSPORTATION: Car-pooling or use of state vehicle (if available) is mandatory.	miles at	\$ 0.52	per mile	Costs: \$	Meals: \$
	AIR FARE	\$			
*Lodging: \$	Registration: \$		Other: \$		
Total Estimated Costs	\$				

Agency	Exp. Org.	Object	Sub Object	Reporting Category
Advance Requested	Yes: No:	Amount: \$		Date Needed:

I hereby certify that this travel will be performed in accordance with regulations set forth by the Louisiana Division of Administration and the policies of the Louisiana Community and Technical College System and I have informed myself of these policies and regulations.

Name of Employee/Traveler:			
Title of Traveler:			
Signature of Employee/Traveler:		Date:	
Approved by Supervisor/Department Chair:		Date:	
Approved by Immediate Supervisor:		Date:	
Approved by Vice Chancellor:		Date:	
Approved by Chancellor:		Date:	

Office (Domicile) in which employed: **SOWELA TECHNICAL COMMUNITY COLLEGE**

Return this form to B. Bordelon, Department of Human Resources

Out-of-state travel request must be submitted 30 days prior to requested date of departure.
**Out-of-State Travel (Chancellor Only) **Weekend/Holiday Travel (Chancellor Only)
Dr. Andrea Lewis Miller, Chancellor DATE:

Reviewed by Nicole J. Moncrief _____



- 1. What is the purpose of this travel?**
- 2. How will the results of this travel benefit/enhance SOWELA Technical Community College at the work site?**
- 3. How will the benefits/enhancements be integrated into improving the instructional programs or administration at STCC (faculty)?**
- 4. How will the travel benefit your specific unit (staff)?**