



REQUEST FOR OFFICIAL TRAVEL

| | | | | | | |
|--------------|-------------|----|-------------|----|-------------|--------------------|
| | CITY | | DATE | | TIME | DESTINATION |
| Departing | _____ | on | _____ | at | _____ | AM / PM |
| Returning to | _____ | on | _____ | at | _____ | AM / PM _____ |

| |
|---|
| Purpose of Travel (complete this section): |
|---|

Note: Attach documentation relating to purpose of travel expense.

ESTIMATED COSTS

TRANSPORTATION: Car: Enter # travel miles _____ at **\$ 0.54** per mile = \$ _____ Meals: \$ _____

PLEASE NOTE: Car-pooling or use of state vehicle (if available) is mandatory.

Airfare: Enter ticket price \$ _____

*Lodging: \$ _____ Registration: \$ _____ Other: \$ _____

Total Estimated Costs: \$ _____ Funding Source: _____

| Fund | Org. | Acct | Program | 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.

EMPLOYEE / TRAVELER:

APPROVALS:

| | | |
|------------|---------------------------|-------|
| _____ | _____ | _____ |
| Print Name | Immediate Supervisor | Date |
| _____ | _____ | _____ |
| Signature | Division Head/ELT Member: | Date |
| _____ | _____ | _____ |
| | Business Office: | Date |
| _____ | _____ | _____ |
| | Chancellor: | Date |

Office (Domicile – Lake Charles) in which employed: **SOWELA TECHNICAL COMMUNITY COLLEGE**
 Office (Domicile – Jennings) in which employed: **SOWELA TECHNICAL COMMUNITY COLLEGE-MORGAN SMITH**

| | | |
|---|---------------------------------------|--------------|
| 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) | | |
| | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Dr. Neil Aspinwall, Chancellor</td> <td style="width: 40%; text-align: right;">DATE:</td> </tr> </table> | Dr. Neil Aspinwall, Chancellor | DATE: |
| Dr. Neil Aspinwall, Chancellor | DATE: | |

International travel requires approval of Entity Head and/or Commissioner of Administration prior to travel.



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)?

| <i>Please check appropriate box:</i> | <i>Employee's Signature:</i> |
|---|------------------------------|
| <input type="checkbox"/> <i>State Vehicle request submitted to Facilities</i> | |
| <input type="checkbox"/> <i>Car rental requested</i> | |
| <input type="checkbox"/> <i>Use of personal vehicle with maximum allowed mileage of 99 miles.</i> | |

Employee Check List:

| Date | Action | Initial |
|--|--|---------|
| | Travel request completed with justification – 2 weeks prior to departure Out-of-state – 30 days prior to departure | |
| | Reviewed Sowela travel regulations | |
| | Obtained required supervisors signatures | |
| | State vehicle requested from Facilities – Mandatory (if you have not taken the Defensive Driving course, contact the travel coordinator). | |
| | Airfare, if applicable, meet with Travel Coordinator (all air transportation is arranged by the travel coordinator). Please note – travel arranged by methods outside of contracted travel agency will not be reimbursed). | |
| | Car rental, if applicable, meet with Travel Coordinator (prior approval by Chancellor required). | |
| | Original receipts retained for reimbursement *single day travel – meals will not be reimbursed. | |
| <p>I have read the Pocket Guide to Travel Regulations and I understand the information provided. Should I have any questions regarding travel, I will contact my supervisor or the travel coordinator.</p> <p>Signature: _____ Date: _____</p> | | |

Travel Coordinator Use Only:

| Travel Request | Justification | Required Signatures | State Vehicle Use Verified | Original to Finance for Budget |
|----------------|---------------|---------------------|----------------------------|--------------------------------|
| | | | | |