



College of the Redwoods Travel Request Authorization

PURCHASING MUST RECEIVE THIS FORM 21
DAYS PRIOR TO THE TRAVEL DATE

Please complete this form with your manager prior to booking any travel for trainings, meetings, and conferences.

Name: _____ Employee ID: _____

Department: _____

Name of Event: _____

Location of Event: _____

Date(s) of Event: _____

Estimated Total Cost of Trip: \$ _____

Reason for Attending:

Signature: _____ Date: _____

APPROVED BY:

Manager: _____ Signature: _____ Date: _____

Senior Staff: _____ Signature: _____ Date: _____

President: _____ Signature: _____ Date: _____

(out-of-state travel only)

*Travel outside of the country requires Board Approval prior to travel.