

EXECUTIVE COUNCIL TRAVEL CHECKLIST

REQUIRED TO BE UPLOADED TO EACH PRE-APPROVAL BEING SUBMITTED

TRAVELER/TRIP INFORMATION

Traveler name: _____

Traveler Signature: _____

Event Name: _____

Event Location: _____

FOAP: _____

Total Cost of Trip: _____

Travel Dates: _____

Board Approval Date: _____

Agenda/Brochure Attached (**REQUIRED**)

CRITERIA

For criteria below, select the applicable box, complete noted section, and forward to your supervisor*

- Are students traveling? **Section I**
- Are more than two persons from the department going to the same event? **Section II**
- Is the cost more than \$2,500 per person? **Section III**
- Is the travel international or in an excluded state (AB1887)? **Section IV**

For criteria below, select the applicable box and forward to supervisor*

- Has the traveler attended 2 overnight, off site events/conferences/seminars this semester?
- Is the traveler an hourly or probationary employee?

If none of the criteria are applicable, select the box below and forward to your supervisor*

- Not applicable to this travel

SECTION I - STUDENT TRAVEL:

- Cost for each student: _____
- Cost for each chaperone: _____
- No. of students traveling: _____
- No. of chaperones required: _____

SECTION II - MULTIPLE EMPLOYEES TRAVELING:

- How many will be traveling from the same department? _____
- Attach a roster of employee names.
- Is attendance required for more than one person or can information be brought back to the team?

- Please show documentation to support required/mandatory travel.

SECTION III - TOTAL COST IF ABOVE \$2,500:

- What is the total cost of the trip for one traveler? \$ _____
- Attach a sheet with itemized costs of the trip. Please add additional documentation as needed.

SECTION IV - INTERNATIONAL OR EXCLUDED STATE TRAVEL (AB1887):

- Please explain the reason for travel to this location?

- Attach a sheet with itemized costs of the trip. Please add additional documentation as needed.

Supervisor name: _____ Supervisor Signature: _____

***If criteria is applicable to travel, Supervisor signs & forward form to Exec Director/VP who will then submit to Patricia McClure for Executive Council Review and Approval.**

***If criteria is not applicable to travel, Supervisor signs & return form to traveler to upload - Exec Council approval NOT required.**

FOR EXECUTIVE COUNCIL:

APPROVED DENIED Date: _____ President's Signature: _____