Morris College
Sumter South Carolina

AUTHORIZATION TO TRAVEL ON OFFICIAL COLLEGE BUSINESS

(Submit to immediate supervisor at least seven working days prior to the first day of anticipated absence.)

Name of Employee: _____

Administrative Unit: _____

Indicate Specific Purpose of Your College Business: _____

_____

Budget to Be Charged and Estimated Total Cost: _____

_____

_____ Check Here If This Is a Federal or State Funded Budget

Travel Will Begin (Month, Dates, Year, and Time):_____

Travel Will End (Month, Dates, Year, and Time): _____

Name, Address and Telephone Number of Location Where You are Staying: _____

_____

List Your Cell Phone Number: _____

Signature of Employee: _____ Date: _____

APPROVED:

Immediate Supervisor (s): _____

Administrative Divisional Officer: _____

Title III Coordinator (if applicable): _____

Director of Business Affairs: _____

President: _____