PENNSYLVANIA HIGHLANDS COMMUNITY COLLEGE

Travel or Conference Authorization

Employee Name:		Date of Request:	
Name of Event:			
Event Location:		Date(s) of Event:	
Department:		Account Number:	

Requested:	$ Amount	Check if you will be reimbursed	Name of Vendor (Please provide vendor name if you are not being reimbursed)	Check if using College credit card
Registration*		☐		☐
Hotel		☐		☐
Airfare		☐		☐
Car Rental		☐		☐
Meals		☐		☐
Tolls/Parking		☐		☐
Number of Miles		☐		☐
Other		☐		☐
(Specify if other)				
Total Amt Requested				

Attach registration form for payment if applicable

Employee		Date	
Supervisor		Date	
VP		Date	
Associate VP of Finance		Date	

To be completed by supervisor only if total amount exceeds originally approved budget	
Amount Approved in Professional Development Budget	
Amount Over Budget	

Supervisor (Required if over budget)		Date	
Assoc VP Approval (Required if over budget)		Date	