

CLARENDON COLLEGE TRAVEL REQUEST FORM

Requisition for college vehicles must be submitted to the Dean of Instruction seven (7) days prior to the trip.

Date _____

Name _____ S.S.# _____

Position _____ Department _____

Travel Destination _____

Purpose of trip or leave (Explain why trip is necessary for the use and benefit Clarendon College) _____

Period of Leave: From _____ To _____

Time you will pick up Vehicle _____ Return time _____

Address and phone numbers each night I plan to be away from campus.

City	Motel	Phone	Date
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Name of staff accompanying me: _____

Are arrangements for classes or other duties during your absence covered? _____

By Whom _____

Mode of Transportation: Car(s) _____ Van(s) _____ Other _____

Expenses requested from college sources? Yes _____ No _____

(Indicate below the estimated costs and account numbers to be charged):

Costs	Account Number
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Student will _____ will not _____ accompany me on this trip.

(List students traveling under this travel request on back of form)

Approval:

_____	_____
Dean of Instruction	Date

_____	_____
Assistant to President	Date