## **CCOT TRAVEL PROPOSAL FORM**

Provide detailed information.

This form requires submission and approval before any travel reservations are made.

GENERAL INFORMATI	<u>ION</u>			
Name:		Title:		
Date of Departure:		Date of Return:		
Destination: (if more tha	ın one, list all)			
Purpose of Trip & how t	his will benefit PSU:			
Primary mode(s) of trans	sportation needed:	Private Car	Rental Car	Air Travel
If air travel is checked w	•		ricital Gai	7 III II avoi
ESTIMATED EMPLOYE		y monn.		
Lodging:	Registration:		Airfare:	
Ground Trans:	Rental Car:		Parking:	
Mileage	Per Diem:		Misc:	
			TOTAL:	
Possible Funding Source	es: (Internal and Exter	nal)		
ESTIMATED STUDENT	EXPENSES (attach s	heet with studen	<b>ts names)</b> skip if not t	aking students
Lodging:	Registration:		Airfare:	
Ground Trans:	Rental Car:		Parking:	
Mileage	Per Diem:		Misc:	
			TOTAL:	
Possible Student Fundi	ng Sources: (Internal a	nd External)		
Director Funding Notes:	:			
Director Signature:		Date Approved:		

Date Forwarded to CCOT Business Center: