

## DCB Campus

### Application for Travel

Name:

Date of Departure:	Date of Return:
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Destination(s):

In case of emergency, I can be reached at:

Method of travel:

Fund(s) charged:

Estimated cost of trip:

Purpose of travel:
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Submitted by: \_\_\_\_\_  
Name

Date:

Approved by: \_\_\_\_\_  
Supervisor/Department Chair

Date:

Out-of-state travel requires the approval of the Campus Dean.

Approved: \_\_\_\_\_

Date:

<p><b>Applications must be submitted to the Supervisor within the following timeframes:</b> <b>In state: Three (3) working days prior to departure</b> <b>Out-of-state: Five (5) working days prior to departure</b></p>
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**Copy to: Supervisor, Faculty/Staff member, and Business Office (Submit with Travel Voucher)**