

WILLISTON STATE COLLEGE

PO Box 1326
Williston ND 58802-1326

TRAVEL REQUEST

IN STATE/OUT OF STATE

NAME _____ TITLE _____ DEPARTMENT _____

DESTINATION _____ DATE(S) ABSENT _____

METHOD OF TRAVEL:

STATE CAR

PERSONAL CAR

PLANE

OTHER

PURPOSE OF TRIP: _____

ARRANGEMENT FOR CLASSES: _____

FUND _____ DEPARTMENT _____

ESTIMATED COSTS

TRANSPORTATION \$ _____

MEALS _____

LODGING _____

OTHER _____

TOTAL _____

AMOUNT AUTHORIZED \$ _____

IN STATE MEAL RATES	
BREAKFAST	\$ 5.00
LUNCH	\$ 7.50
DINNER	\$12.50
LODGING	\$55.00 plus tax

APPROVALS

I CERTIFY THAT THE TRAVEL ACCOUNT HAS SUFFICIENT FUNDS AVAILABLE FOR THE AMOUNT AUTHORIZED.

SUPERVISOR SIGNATURE

DATE

HEAD OF FUNDING DEPARTMENT SIGNATURE

DATE

RETURN TO THE BUSINESS OFFICE FOR PROCESSING