



College of the Redwoods Travel Request Authorization

PURCHASING MUST RECEIVE THIS FORM 21
DAYS PRIOR TO THE TRAVEL DATE

**Please complete this form with your manager prior to booking any travel for trainings,
meetings, and conferences.**

Name: _____ Employee ID: _____

Department: _____

Name of Event: _____

Location of Event: _____

Date(s) of Event: _____

Estimated Total Cost of Trip: \$ _____

Reason for Attending:

Signature: _____ Date: _____

APPROVED BY:

Manager: _____ Signature: _____ Date: _____

Senior Staff: _____ Signature: _____ Date: _____

President: _____ Signature: _____ Date: _____

(out-of-state travel only)

*Travel outside of the country requires Board Approval prior to travel.