

Blanket Travel Authorization Form

Signature:

Employee:	Signature.	
Reason for Travel:		
Travel Dates:		
Location(s):		
Budget Chart String:		
Comments:		
	orization for standard travel directly associated with your department the traveler(s) for mileage, airfare, meals, and lodging expenses while ficial business only.	and
All flights and lodging expenses should be paid through your department PCard and booked following Travel policies set forth by the State and the College.		
This authorization must	be renewed every fiscal year to remain valid.	
Travel for purposes outs through ctcLink.	side the cited reason above, requires an independent Travel Authorizati	on
professional developmen	n documentation is also required for payment of registration fees, nt, exceptions to the maximum lodging, out of state travel, or when ther rom an outside organization.	·e
A completed copy of this voucher for all applicabl	s blanket authorization must be submitted with each travel expense e travel.	
Copies of all approved bl Manager.	lanket travel authorizations should be kept by the department Fiscal	
Dr. Tysha Tolefree Vice President for Finan	Date ce and Operations	