



300 North Beaty Street Athens, AL 35611 (256) 233-8100

REQUEST FOR OUT OF STATE TRAVEL

Dr. Robert K. Glenn
President
Athens State University

Dear Dr. Glenn:

Request is respectfully made for authorization of travel for the purpose of

In the City of _____, State of _____

Mode of Transportation: _____

Lodging (specify hotel if known): _____

Date of Departure: _____

Date of Return to Home Base: _____

ESTIMATED COST

Signature: _____

Transportation:			Type or print name:		
Conference Fee:			Employee ID No.		
Registration Fee:			Employee Email		
Room:			Approved: _____ College Dean Date		
Meals:					
In City Transportation:	Taxi:				
	Car Rental:				
Total					
Expenses paid from:	State Funds (Departmental)		Approved: _____ President Date		
	Federal Fund				
	Prof. Development				
	Club				
	Personal				
	Other				