



Travel Authorization Form
(Please provide all information requested)

Name		Destination (City, State)	
Banner ID (V#)		Travel Start Date	
Department		Travel Start Time	
Phone Number		Travel End Date	
Email		Travel End Time	

Travel will take place

Check One: In-State Out-of-State Out-of-Country

Type of Travel: (please check one) Conference Training Education Athletics Recruitment
 Research Presentation Other (Explain) _____

Travel Purpose (Required):

Are you a program presenter or officer? Yes No

Is training required for licensing purposes related to employment? Yes No

List your other Professional Development and/or Conferences funded by VSCC this fiscal year (July 1 thru June30):

Contributing to our core values as a community of learners, how will you share the knowledge you gain?

Present to department/division/convocation

Integrate into planning and operations

Share with appropriate campus personnel

Please describe your plan and who will be included: (attach word document if more space is needed):

