



Travel Questionnaire

This questionnaire must be submitted with the Travel Expense Report within fifteen days after returning to work.

Traveler: _____	PID: _____	TR #: _____
Departure & Return Date: _____	Total Cost: _____	

TRAVEL INFORMATION

A copy of the agenda must be submitted.

What is the purpose of travel?
What information was gathered that will be beneficial to the employee and/or the college?
How and with whom will this information be shared?

Approvals	
_____ Traveler's Signature	_____ Dean's Signature (when applicable)
_____ Supervisor's Signature	_____ Associate Provost's Signature (when applicable)
_____ Associate Vice President's Signature (when applicable)	_____ Provost/Vice President's Signature