COPPIN STATE UNIVERSITY
INDIVIDUAL REQUEST FOR TRAVEL

(Procurement Office only)

In State ☐ **Out of State** ☐ **TF#:**

Name:

Title:

Destination:

Purpose of Travel:

Departure Date: **Return Date:**

Method of Travel: State Car: ☐ Private Car: ☐ Plane: ☐ Other: ☐

Estimated Cost:

Registration		P-Card ☐	Req./P.O. ☐	Reimburse ☐
Lodging		P-Card ☐	Req./P.O. ☐	Reimburse ☐
Meals		P-Card ☐	Req./P.O. ☐	Reimburse ☐
Transportation		P-Card ☐	Req./P.O. ☐	Reimburse ☐
Misc. Trans.		P-Card ☐	Req./P.O. ☐	Reimburse ☐
TOTAL	$			

Check the source of funding and provide the PS #: PS #:

Department:	*Department Head's signature required*	☐
Grant:	*Associate Controller's signature required*	☐
Title III:	*Title III Controller's signature required*	☐
Prof. Dev.:	*AVP for HR's signature required*	☐

I have approved the above travel.

Department Head/ Dean: Date:

Area Vice President: Date:

Budget Officer: Date:

Vice President for Administration & Finance: Date:

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