



920 Barlow Road ▪ Fort Morgan CO 80701

## TRAVEL REQUEST AND AUTHORIZATION

Forward this request to your supervisor at least 5 working days prior to trip.

Name of Traveler: \_\_\_\_\_

Date of this request: \_\_\_\_\_

Names of passengers who will accompany the traveler:

\_\_\_\_\_  
\_\_\_\_\_

Destination/City: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Is College Car Required: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

All staff members named above are hereby authorized/not authorized to travel on college business and the absence from MCC is approved/disapproved.

\_\_\_\_\_ Authorized

\_\_\_\_\_ Not Authorized

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

Comments:

College Car Assigned: \_\_\_\_\_ Org. Number: \_\_\_\_\_