



MORGAN

COMMUNITY COLLEGE

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: _____

Name of passengers who will accompany the traveler:

Destination/City: _____

Purpose of Travel: _____

Departure Date: _____

Return Date: _____

Is a College Car Required:

Yes _____ No _____

Signature of Traveler and Date of Request

All staff members named above are hereby authorized to travel on college business and the absence from MCC is approved.

Immediate Supervisor Signature and Date