

**BOROUGH OF MANHATTAN COMMUNITY COLLEGE  
CITY UNIVERSITY OF NEW YORK**

**REQUEST FOR AUTHORIZATION/APPROVAL TO TRAVEL ONLY  
NO TRAVEL REIMBURSEMENT REQUESTED**

<b>TRAVELER'S NAME</b>	
<b>TITLE/RANK</b>	
<b>ADDRESS</b>	
<b>DEPARTMENT OFFICE # TELEPHONE</b>	
<b>PURPOSE OF TRIP</b>	
<b>DATES OF TRAVEL DEPARTURE: RETURN:</b>	
<b>CLASS COVERAGE COURSE(S) SECTION(S) DAYS/TIMES</b>	
<b>NAME OF SUBSTITUTE</b>	
Signature of Traveler: Date:	
<p><b>Authorization/Approval</b></p> <p>Department Chairperson: _____</p> <p>Chairperson's Signature: _____ Date: _____</p> <hr/> <p>Provost: _____</p> <p>Provost's Signature: _____ Date: _____</p>	

**This request for travel authorization/approval form is to be submitted and approved by the appropriate department chairperson and vice president/dean, 30 days prior to the date of departure.**

**Traveler certifies that this request is accurate and correct and that the traveler has secured substitute teaching coverage for all classes that will meet during his/her absence.**