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| **Fayetteville Technicial Community College**Request for Travel**(Type all Entries)** |
| **\* Name** |       | **Datatel Person ID # (7 Digits)** |       | Date |       |
|  |  **(As it appears on your Social Security Card) (SSN-Last 4 Digits)** |  |  |  |

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| **Department** |       |
| Destination |       |

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| Departure Time/Date |       | Return Time/Date |       |

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| Mode of Transportation |       |

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| Reimbursement Requested | **Yes** | [ ]  | No | [ ]  |

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| Source of Funds | **State** | [ ]  | **Other** | [ ]  | Budget Code |       |

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| Estimate of Official Travel Expenses per Individual | **Type of Subsistence** |
|  **In-State Out-State** |

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| Mileage/Air Fare |       |  |       |  | **Breakfast****Lunch****Dinner****Room** | **8.60****11.30****19.50****75.10****$114.50** | **8.60****11.30****22.20****88.70****$130.80** |
| **Meals**  |       |  |
| Room       Plus Tax |       |  |
| **Registration** |       |  |
| Other |  |       |  **Excess Funds Requested:** | [ ]  |
| Total Expenses |       |

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| **\*\*Purpose of Travel(Please complete addendum on page 2):** |            |
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| **\*\*Attach supporting documentation.** |

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| Coverage of Classes |       |
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| **Approval Signatures** |
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|  **Department/Division Chair/Coordinator/Date Associate Vice President/Date** |
|  |  |  |
| Dean/Director/Supervisor/Date |  | Vice President/Date |
|  |  |  |
|  **President/Date****\*Please Note: Attach list of names in case of more than one traveler. Overnight travel, Registration, and Excess Fee require approval of President.****\*\*Attach support documentation****Distribution: Original to Business and Finance**  |

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##### Request for Travel

**(Addendum)**

1. **What individual and/or organizational improvement goal will this address?**

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1. **What job embedded deliverables, actions, or expectations are expected as a result of participating in this event?**

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1. **How will you measure success or impact of the planned improvement?**

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