



(Rev. May 2021)

Office for the Advancement of
Research, Room 601BMW
Travel@jjay.cuny.edu

OAD TRAVEL APPROVAL FORM

Section I: Trip information (to be completed by the person traveling)

Name of Traveler: _____	Department: _____
Traveler's Email: _____ @ jjay.cuny.edu	Traveler's Contact #: _____
Title/Position: _____	Destination City: _____
Departure Date: _____	Return Date: _____
Reason for trip: _____	
(Check all that apply)	
Conference (name): _____	Student Trip
Research: _____	Performance/Reading
Meeting(s): _____	
Other: _____	

If your travel plans conflict with your scheduled class(es), indicate plans for coverage:

Is College travel being combined with personal travel?	Yes	No
Are you staying at a conference-recommended hotel? <small>(Attach print-out of page noting hotel is conference approved and conference rate)</small>	Yes	No Not sure yet
Are the costs being shared by another grant or other funding source <small>(name other sources(s): _____)</small>	Yes	No
Estimated Cost of Travel: _____ <small>(include transportation, accommodations, meals, conference fees, etc.) Department Chairs have the discretion to fund <i>some</i> or all of your trip</small>		
Traveler Sign Here _____		Date: _____

Section II: Approval (Completed by Department Chair)

	Approved Amount
Chairperson Sign Here _____	Date: _____

Section III: Funding Revision(s) (Completed by Department Chair)

	Revised Amount
Chairperson Sign Here _____	Date: _____
Chairperson Sign Here _____	Date: _____
	<u>Additional Funding</u>

Section IV: Travel Cancellation (completed by Traveler & Department Chair)

Reason trip was canceled: _____		
Traveler Sign Here _____	Chairperson Sign Here _____	Date: _____