



LAFAYETTE COLLEGE

Office of the Provost and Dean of the Faculty

_____ Date

Travel Notice

Name and Department _____

Destination: _____

Purpose of trip:
(Describe extent of participation) _____

Dates of trip: _____

Estimated expenses for which reimbursement will
be sought:

Transportation _____

Registration _____

Lodging _____

Meals _____

Estimated total: _____

Describe arrangement for meeting academic responsibilities if any portion of trip will occur
when classes are in session _____

Department Head Signature _____

_____ Date

Approved by the Office of the Provost:

_____ **Approved Amount** _____
Signature Date

A travel expense report with all original receipts for reimbursement must be submitted within two weeks of your return from this trip.