PRIOR APPROVAL FOR TRAVEL - EMPLOYEE - STUDENT DAY TRIPS

Business Office - businessoffice@cwidaho.cc - 208.562.3500 phone - 208.562.3535 fax

MS 1000 - PO Box 3010 - Nampa, ID 83683 - www.cwidaho.cc

Must Be Submitted During the 1st Week of the Semester for Field Trips

This form *must* be completed and approved prior to making any travel arrangements.

ATTACH COPY OF CLASS ROSTER / PARTICIPATION LIST

EMPLOYEE / COURSE / CLUB INFORMATION

Faculty / Advisor _____ **Semester** _____

Course / Club _____ **Estimated Number of**

Department to charge _____ **Student Travelers** _____

Fund	Loc	Function	Cost Center	Object Code
	00			

Field Trips: ***Biology*** - Fund 11, Function 1, Cost Center 25029, Object Code 7665/ ***Geology*** -Fund 11, Function 1, Cost Center 25069, Object Code 7665

DAY TRIPS / ESTIMATED COSTS

Trip #1	Destination & Purpose					
	Date		Approximate Times			
	CWI Vehicle	Miles		X	0.200	$ 0 -
	Additional Costs Description					$ -
Trip #2	Destination & Purpose					
	Date		Approximate Times			
	CWI Vehicle	Miles		X	0.200	$ 0 -
	Additional Costs Description					$ -
Trip #3	Destination & Purpose					
	Date		Approximate Times			
	CWI Vehicle	Miles		X	0.200	$ 0 -
	Additional Costs Description					$ -
Trip #4	Destination & Purpose					
	Date		Approximate Times			
	CWI Vehicle	Miles		X	0.200	$ 0 -
	Additional Costs Description					$ -
Trip #5	Destination & Purpose					
	Date		Approximate Times			
	CWI Vehicle	Miles		X	0.200	$ 0 -
	Additional Costs Description					$ -
Trip #6	Destination & Purpose					
	Date		Approximate Times			
	CWI Vehicle	Miles		X	0.200	$ 0 -
	Additional Costs Description					$ -
Trip #7	Destination & Purpose					
	Date		Approximate Times			
	CWI Vehicle	Miles		X	0.200	$ 0 -
	Additional Costs Description					$ -
Trip #8	Destination & Purpose					
	Date		Approximate Times			
	CWI Vehicle	Miles		X	0.200	$ 0 -
	Additional Costs Description					$ -

Note: Additional trips in the same semester require an additional form. **Total Estimated Cost** $ 0 -

SIGNATURES

Submitted by _____ **Date** _____

Approved by _____ **Date** _____

Budget Officer

ATTACH APPROVED FORM TO ALL METHODS OF PAYMENT