

Facilities & Campus Services Training and Travel Justification and Authorization Form

Section 1: Employee Information

- Employee Name: _____
- Department: _____
- Job Title: _____
- Manager/Supervisor Name: _____
- Sr. Director/AVP Name: _____
- Select the relevant Category:

Virtual Training Training and Travel Other: _____

Section 2: Consideration of Virtual Training

Before requesting in-person training, please consider whether this trip can be conducted virtually through online meetings, video calls, or other remote collaboration tools. Please answer the following questions:

- Can the purpose of this trip be achieved through a virtual format (e.g., online meeting, virtual conference)?
 - Yes
 - No
- If No, please explain why virtual training is not a viable option or why in-person attendance is necessary:

Section 3: Business Purpose

Please provide a detailed explanation for the need for this training, including the expected outcomes and how it relates to your job or the organization's objectives:

Section 4: Travel Details

- **Destination(s):** _____
- **Purpose of Travel:**
 - Business Meeting
 - Training
 - Client Visit
 - Conference
 - Site Visit
 - Other:
- **Travel Dates:**
 - **Departure Date:** _____
 - **Return Date:** _____
- **Type of Transportation:**
 - Air Travel
 - Train
 - Car
 - Other: _____

Section 5: Travel Costs Estimation

- **Airfare/Travel Costs:** \$ _____
- **Hotel/Accommodation Costs:** \$ _____
- **Meals and Per Diem:** \$ _____
- **Car Rental/Transportation Costs:** \$ _____
- **Other Expenses (please specify):** \$ _____

Total Estimated Travel Cost: \$ _____

Section 6: Approval of Signatures

- **Employee:**
 - Signature: _____ Date: _____
- **Supervisor/Manager Approval:**
 - Signature: _____ Date: _____
- **Sr. Director/AVP Approval:**

o Signature: _____ Date: _____

- **VP Approval: VP signature is only required if justification costs are above \$500**

o Signature: _____ Date: _____

Section 7: Additional Notes (if applicable)