PURCHASE COLLEGE - SUNY
OVER-THE-MAX TRAVEL REQUEST

Employee _____   Department _____

Destination (City & County) _____   Date of Trip _____

_____   Hotel _____

Location _____

Purpose of Trip _____

OVER-THE MAX TRAVEL REQUEST (Complete A or B):

A **LODGING AND MEAL PACKAGE**	or	**B** **LODGING ONLY**
Lodging & Meal Package Amount **Requested** _____		Lodging Amount **Requested** _____
Lodging & Meal Package Amount **Allowed (Rate)** _____		Lodging Amount **Allowed (Rate)** _____
Amount Exceeded per Day $ -		Amount Exceeded per Day $ -
X No. of Days _____ = **Total Amount Requested** $ -		X No. of Days _____ = **Total Amount Requested** $ -

Justification:

_____

_____

_____

Supervisor's Approval (Print, Sign & Date)   **Purchasing/AP Approval (Print, Sign & Date)**

_____   _____

CONFERENCE/TRIP AND HOTEL INFORMATION MUST BE SUBMITTED WITH REQUEST