4303 Diamond Head Road

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Telephone: (808)734-9xxx

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An Equal Opportunity/Affirmative Action Institution

Date

**TO**: Your Supervisor, Title

 Your Account Supervisor, Title (If not the same person as above)

**VIA:** If applicable

**FROM**: Name, Title

**SUBJECT**: Travel Request to Attend \_\_\_\_\_

**Travel Dates: (include personal days if applicable)**

**Tentative Itinerary:**

**Source of Funds:**

Account Number KA-####### [name of account]

**Estimated Costs:**

**Purpose/Objectives/Justification(s):**

* **What are the objectives of the travel?**
* **How does the trip relate to the traveler’s official duties and functions?**
* **How will the trip benefit the program, Kapi‘olani CC and the state?**
* **How would non-attendance affect the program?**

**Coverage of Duties:**

**APPROVAL: APPROVAL:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Supervisor, Title Your Account Supervisor, Title