



# Shared-Cost Agreement Out-of-State Travel

[Empty box for header information]

City/Destination

Date(s) of Travel

Event/Purpose of trip:

[Empty box for Event/Purpose of trip]

Are there alternatives? No  Yes  If yes, describe:

[Empty box for Are there alternatives?]

Expected benefit:

[Empty box for Expected benefit]

## Shared Cost

Participant will contribute:

[Empty box for Participant will contribute]

College will contribute:

Estimated Expense

[Empty box for College will contribute]	[Empty box for Estimated Expense]
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Signature of Applicant

Date

[Signature line]

Approval of Administrator

Date

[Approval line]

Approval of President

Date

[Approval line]