

Travel Requisition / Reimbursement Voucher

PO#

Name

A#

Dept.

Home Address:

City of Destination /
Description of Event:

INSTRUCTIONS: Complete the Estimated Travel Expense Request portion of this form, make a copy and submit original with signatures. When travel is complete, please submit the Actual Travel Expense portion of your retained copy and sign under Total Request certifying the expenses. Submit to the Administration & Finance Office.

Estimated Travel Expenses:

Departure Time: _____ Date: _____

Return Time: _____ Date: _____

Meals:

_____ Breakfast @ \$ 7.50 = _____

_____ Lunch ** @ \$12.50 = _____

_____ Dinner @ \$22.00 = _____

Room:

_____ Nights @ _____ = _____

Auto:

Miles _____ @ _____ per contract= _____

Airfare /Bus

Conference Fee = _____

Other:

= _____

TOTAL REQUEST

= _____

Amount Approved:

(If different than request)

= _____

Advance for Conf. Fee/Air Fare Requested? ☐ Yes ☐ No
(Itemized attachments must be provided for advance)

Actual Travel Expenses:Departure from Home: ☐ Campus: ☐

Departure Time: _____ Date: _____

Return Time: _____ Date: _____

Meals

_____ Breakfast @ \$7.50 = _____

_____ Lunch @ \$12.50 = _____

_____ Dinner@ @ \$22.00 = _____

Room:

_____ Nights @ _____ = _____

Auto:

_____ Miles @ _____ Contract rate = _____

Airfare/Bus = _____**Conference Fee** = _____**Other:** _____ = _____**TOTAL REQUEST**

= _____

X _____

Traveler signature :

I certify under penalty of perjury that these charges are true and incurred doing College business.

(For Open Travel & Est. cost overruns only)**Dept. Head. Approval** _____

Traveler Signature					
Chairperson Signature					
Pres./V.P./Dean Signature					
Fund	Dept	Sub	Obj	Category	Amount

For Office use only

* Breakfast/Dinner granted on travel beginning or ending min. 2 hrs before/after regular work schedule.

** Lunch may only be applied on travel greater than 24 hrs.

(Original receipts must be attached)

201006