



DON'T KNOW HOW TO FILL OUT A TRAVEL  
REQUEST FORM?! 😊

LET US HELP YOU!

# FOLLOW NUMBERED ARROWS

Fill in the name of the requester.



Fill in the **mailroom box** number of the requester.  
**EXAMPLE:** Box #6213

Fill in the A# of the requester.



Fill in the name of the club requesting following the tag of SGA. **EXAMPLE:** SGA/Student Activities Council



Provide a brief description of the event and the destination of travel. **EXAMPLE:** Harlequin will be visiting New York City on April 22, 2018. Departing at 8 AM and Returning at 9:30 PM.

Print Form

Massachusetts College of Liberal Arts

**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.

# FOLLOW NUMBERED ARROWS

Fill in both the **departure** and **return** time of the travel.



It is not required for clubs to fill in the **meal** section, but if needed clubs can provide the information needed.

**Note:** The stipends are not set. Clubs are able to change the amount to be requested.

**\*\*IF IN NEED OF A HOTEL OR PLACE TO STAY, PLEASE CONTACT THE SGA OFFICE MANAGER FOR ASSISTANCE.\*\***

**\*\*IF IN NEED OF TRANSPORTATION, EMAIL THE SGA OFFICE MANAGER TO REQUEST A VAN. OWN VEHICLE IS NOT AN OPTION\*\***

**YELLOW UNDERLINE, FILL OUT. RED STRIKE THROUGH, DO NOT FILL OUT.**

## 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)

As a student club, you are allowed to receive the full amount of a requested advance. **PLEASE CHECK YES!**

## 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 \_\_\_\_\_

If requested any budget money for a trip, a copy of this form will be returned to the requester with the approved check amount.

# FOLLOW NUMBERED ARROWS



Make sure to have the **person requesting** to sign and date when finished filling it out.

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

# You Must Also Fill Out the Student Travel Form

**Note:** Advisors must attend if the destination is over 55 miles round trip unless special approval from the department is given.

## TRAVEL INFORMATION & APPROVAL SHEET

This form must be completed at least three weeks before the intended trip and signed by the student coordinating the trip, the Club/Organization advisor and the Student Government Association advisor. In addition, an official **MCLA Travel/Leave Requisition** form must be completed by the Student Government Association Administrative Assistant as well as any other required paper work.

Once this form is completed and approved, copies will be made and distributed to all participants of the trip. One copy will be kept on file in the SGA office.

### Destination Information

Name of Destination: \_\_\_\_\_

Address of Destination: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name under which reservations are listed: \_\_\_\_\_

Date(s): \_\_\_\_\_

MCLA Van(s) Driver(s): \_\_\_\_\_

### Trip Advisor Information

Is your advisor or a member of the MCLA Faculty/Staff attending the trip?\*(please circle one): Yes No  
\*Please note: in some cases a trip advisor may be required in order for the trip to be approved. If it is determined that an advisor is required, and one has not been indicated as attending, you will be notified by the SGA advisor.

*If Yes, please fill in below:*

Name of Trip Advisor: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date(s): \_\_\_\_\_

### Participant Information

Student Coordinating the Trip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Students Attending the Trip (please list each student – use an additional sheet if needed):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Students are reminded that, even though their trip may take them off campus, they are still responsible for, and will be held accountable to, all policies and procedures as outlined in the College Student Handbook.

Student Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Development Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Advisor Contacted

Copy Distribution

File

Participants

Public Safety

# Itinerary Must Also Be Attached

(This can be just a typed Word Document)

## Example:

### Itinerary 1/1/19

8am Leave MCLA

11am Arrive at (Location)

5pm Leave (Location)

6pm Stop for Dinner

8pm Arrive at MCLA