

Travel Request Authorization Form 17-261a

(note: all dates are in mm/dd/yyyy formats)

Current Mileage Rate/IRS

Name _____ Phone Ext. _____ Today's Date _____
 Check One That Applies: Non-faculty Faculty Student/Other
 Department _____ Account Code _____ Object Code _____
 Destination _____ Departure Date _____ Return Date _____
 Purpose of Trip: a. College Business b. Conference, Workshop, Seminar c. Other
 Description _____
 Other Employees Attending? No Yes If Yes, How Many? _____ Estimate Roundtrip Mileage _____

Air vs Ground Travel: If appropriate, please provide both estimated expenses if traveling by ground and estimated expenses if traveling by air for comparison purposes. Reimbursement will be made at the lesser rate of travel as stated in North Central State College Travel Reimbursement Policy.

Estimated College Paid Expenses (You wish the College to purchase in advance)

Registration Fees (attach completed registration form and mailing instruction) _____
 Airfare (specify) _____
 Rental Car (total estimated amount - can you use College fleet car?) Pickup date _____ return date _____
 Lodging Number of Night(s) _____ @ Room Rate/Night _____
If Conference, workshop, or seminar, please attach related brochure documenting hotel rates to your request

Total Estimated College Paid Expenses

Details of Estimated Reimbursable Expenses (You plan to pay and then be reimbursed)	Estimated Costs
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Reimbursable Expenses

Method of Transportation

College Fleet Car Reserved (1st option - www.ncstatecollege.edu/facilities)
 Rental Car Total Estimate (if applicable – check if you qualify for the College fleet car first) _____
 Personal Car Mileage _____ (Miles @ Current Mileage Rate) _____
 Airfare (Frequent Flyer miles may not be earned for this trip) _____

Lodging Number of Night(s) _____ @ Room Rate/Night _____
If Conference, workshop, or seminar, please attach related brochure documenting hotel rates to your request

Registration Fees (please plan accordingly to take advantage of any "Early Bird" registration discount) _____

Meals (specify) _____

Parking/Toll/Taxi/Shuttle Fare (specify) _____

Other (describe) _____

Total Estimated Reimbursable Expenses

Grand Total Estimated Travel Expenses

Please attach the conference program and completed registration form. Sign and forward this travel request to your supervisor for approval. For faculty, if the event falls on a scheduled teaching day, also submit a Request for Leave Form with this request and tentative plans to cover your classes. PLEASE REMEMBER ALL TRAVEL MUST BE PREAPPROVED.

Group Travel Only - Advance Requested? Yes No Amount _____ Date Needed _____

Business Office Use Only: Advance Account No.: _____ Advanced Amount _____

APPROVAL SIGNATURES

Traveler _____ Date _____

Supervisor _____ Date _____

Division VP _____ Date _____

VP Business & Administrative Services _____ Date _____

Receipts (including detailed lodging receipt, meal receipts and flight itinerary) must be provided when reimbursement request is submitted (Form 17-261c). A brochure or material must be provided for the conference, workshop or seminar that details the expenses covered (e.g., registration fees, books, tapes and meals). Note: Please make sure the approved form is sent to the Business Office at least 21 days before the day of the trip. Please return a copy of this approved form with any reimbursement request within 30 business days after your return.

TREASURER'S CERTIFICATE: It is hereby certified that both at the time of the making of this contract or order and at the date of the execution of this certificate, the amount required to pay this contract or order has been appropriated for the purpose of this contract or order and is in the treasury or in the process of collection to the credit of the appropriated fund, free from any previous encumbrance.