MERCER COUNTY COMMUNITY COLLEGE

Travel Request Authorization

[Use only for In-State, Out-of-State, and Out-of-Country Events]

DATE SUBMITTED:_____ **TRAVELER'S NAME:**_____ **DEPT:** _____
(Submit 1 month before departure)

No. of Students Traveling:_____*(**DO NOT** COMPLETE A REQ. FOR STUDENTS-attach a list w/their names & release forms. Dept. **must** handle transportation/accommodations.)*

DEPARTURE DATE:_____ **RETURN DATE:**_____ **DESTINATION:**_____
City *State/Country*

NAME OF EVENT:_____

MODE OF TRANSPORT: **AUTO** ☐PERSONAL ☐COLLEGE ☐RENTAL ☐**AIR** ☐**BUS** ☐**RAIL/TRAIN** ☐**OTHER***(specify)*_____

I. INITIAL REQUEST

*[Please **only enter COSTS in boxes—NO Breakdown]***

TRANSPORTATION ***(Attach airfare/mileage/parking/rental/tolls info.)***	
ACCOMMODATIONS ***(Attach hotel statement)***	
MEALS ***(daily destination rate max)***	
Registration Fee ***(Attach registration form)***	
OTHER: ***[not part of any costs stated above]***	
ESTIMATED TOTAL COSTS	$

Are funds available in current budget? YES☐ NO☐ *(If not, attach explanation)*
GRANT FUNDED? YES☐ NO☐

PROPOSED BUDGET:_____

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I certify that this trip is essential to the discharge of MCCC responsibilities; that required monies are budgeted for expenditure; that the trip meets all the requirements mandated by the College's Travel Policy OMB938, and ***I agree that within 30 business days of return to campus, I will submit a Weekly Expense Report and supporting documentation for reimbursement****.*

TRAVELER'S SIGNATURE:_____

III. REPORT OF TRIP

[Attach Weekly Expense Report w/supporting documents]

TRANSPORTATION *(MCCC/Grant Paid)* *(include statement/map/etc.)* *(Traveler Paid Out-of-Pocket)*	
ACCOMMODATIONS *(MCCC/Grant Paid)* *(include statement)* *(Traveler Paid Out-of-Pocket)*	
MEALS *(MCCC/Grant Paid)* *(include itemized receipts* *(Traveler Paid Out-of-Pocket)*	
REGISTRATION *(MCCC/Grant Paid)* *(include statement)* *(Traveler Paid Out-of-Pocket)*	
OTHER: *specify on-Weekly Expense Report*	
TOTAL EXPENSES	$
BALANCE DUE TRAVELER	$
BALANCE DUE COLLEGE *(Attach Personal Check)*	$

Travelers must have a ***FULLY APPROVED TRAVEL REQUEST FORM*** before incurring travel charges. If travel expenses are incurred **BEFORE** the travel request authorization form is fully approved, the employee may be liable for these expenses should the travel be denied.

****DO NOT COMPLETE A REQUEST FOR PAYMENT VOUCHER UNTIL REIMBURSEMENT HAS FINAL APPROVAL FROM THE VICE PRESIDENT OF FINANCE, OPERATIONS & AUXILIARY SERVICES.***

II. APPROVAL TO PROCEED

[Traveler DOES NOT sign below]

IN-STATE TRAVEL ONLY:

_____ _____
Traveler's Supervisor **Date**

OUT-OF-STATE TRAVEL ONLY:

_____ _____
Traveler's Supervisor **Date**

_____ _____
Vice President for Department **Date**

OUT-OF-COUNTRY TRAVEL ONLY:

_____ _____
Traveler's Supervisor **Date**

_____ _____
Vice President for Department **Date**

_____ _____
College President **Date**

IV. APPROVAL FOR REIMBURSEMENT

_____ _____
Traveler's Supervisor **Date**

_____ _____
Vice President / College President **Date**

_____ _____
***Vice President for Finance, Operations & Auxiliary Services** **Date**

VOUCHER #

FOR ACCOUNTING PURPOSES ONLY:

Reimbursement Check: #_____

Personal Check: #_____