



TRAVEL AUTHORIZATION AND REIMBURSEMENT

(NOTE: Please consult the official Travel Policy)

Vehicle: <input type="radio"/> None <input type="radio"/> Car <input type="radio"/> SUV
College Vehicle # _____
Return Mileage _____
Departure Mileage _____
College Car Mileage Charge: \$ _____ (Business Services will calculate)

Required Information
Banner ID # _____

PART 1 - PRIOR AUTHORIZATION

Please attach copies of conference agendas or other applicable documentation

Name _____	Cost Code(s) _____	From _____	Time: _____
Destination City _____	State _____	Purpose _____	To _____
Traveler (signature) _____	Date _____		Time: _____
Supervisor (signature) _____	Date _____		

PART 2 - RECONCILIATION AND REIMBURSEMENT VOUCHER

1. MILEAGE CHARGES (private vehicle @ \$0.41/mile)	2. MEALS (✓) meals claimed
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Date	Departure Mileage	Return Mileage	Miles	Reimburse (\$0.41/mi)	Per Diem Rate Schedule				In-State Meals (✓)				Out-of-State Meals (✓)				Total Meals
					In-State				All	Brkfs	Lnch	Dnnr	All	Brkfs	Lnch	Dnnr	
			-	\$ -	Breakfast	\$	9.00										\$ -
			-	\$ -	Lunch	\$	11.00										\$ -
			-	\$ -	Dinner	\$	16.00										\$ -
			-	\$ -	Out-of-State												\$ -
			-	\$ -	Breakfast	\$	10.00										\$ -
			-	\$ -	Lunch	\$	14.00										\$ -
			-	\$ -	Dinner	\$	21.00										\$ -

3. MISCELLANEOUS EXPENSES (Attach receipts for items > \$5)	4. AIR FARE (Attach orig. receipt and ticket stub)	5. LODGING (Attach orig. receipts)
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3. MISCELLANEOUS EXPENSES			4. AIR FARE				5. LODGING		
Date	Description	Total	Date	From	To	Total	Date	City	Total
		\$ -				\$ -			\$ -
		\$ -				\$ -			\$ -
		\$ -				\$ -			\$ -
		\$ -				\$ -			\$ -
		\$ -				\$ -			\$ -
		\$ -				\$ -			\$ -

1. Mileage	\$ -	2. Meals	\$ -	3. Misc.	\$ -	4. Air Fare	\$ -	5. Lodging	\$ -
Signature of Supervisor after trip completed _____									
GRAND TOTAL									\$ -

I hereby certify that all items of expense included in this claim were incurred by me in the discharge of authorized Snow College business and that the amounts claimed are correct and proper charges. I also certify that I have not been, nor will be reimbursed for any of these items from any other source.	Traveler: _____ Date: _____ Reviewed By Biz Office: _____ Date: _____	Banner Invoice # _____ Vendor _____ Amount _____ Check # _____ Check Date _____
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