



## 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 _____
<b>College Car Mileage Charge:</b> \$ _____ <b>(Business Services will calculate)</b>

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) PRIOR to travel _____	Date _____		

### PART 2 - RECONCILIATION AND REIMBURSEMENT VOUCHER

<b>1. MILEAGE CHARGES</b> (private vehicle - State car NOT available .56/mile, State car WAS available .50/mile)	<b>2. MEALS</b> (✓) meals claimed (include detailed schedule or agenda)
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Date	Departure Mileage	Return Mileage	Miles	Reimburse (\$0.50 or 0.56/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	\$	11.00										\$	-
			-		Lunch	\$	14.00										\$	-
			-		Dinner	\$	20.00										\$	-
			-		<b>Out-of-State</b>												\$	-
			-		Breakfast	\$	13.00										\$	-
			-		Lunch	\$	14.00										\$	-
			-		Dinner	\$	23.00										\$	-

<b>3. MISCELLANEOUS EXPENSES</b> (Attach receipts for items > \$5)	<b>4. AIR FARE</b> (Attach orig. receipt and ticket stub)	<b>5. LODGING</b> (Attach orig. receipts)
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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 _____					<b>GRAND TOTAL</b> <span style="border: 1px solid black; padding: 5px;"> </span>

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. I have included all original, itemized receipts and/or schedule/agenda for reimbursement.	Traveler: _____ Date: _____ Reviewed By _____ Biz Office: _____ Date: _____	Banner Invoice # _____ _____ Check # _____ _____
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