

SECTION 1

TRAVEL FORM

Travel Authorization Request (to be completed before travel)

Organization # _____ Account# 7455

Requisition# _____

Name: _____

Banner ID: _____

Destination: _____

Purpose: _____

Travel must be College business, per *Purchasing and Contract Guidelines and Procedures Handbook and Section 77b of the General Municipal Laws of the State of New York*

ESTIMATED TRAVEL EXPENSES

Date of Departure & Return	Time of Departure & Return	Transportation Cost	Hotel	Breakfast	Lunch	Dinner	Registration	Other Amount	Total

SOURCE OF FUNDING

Approved College Funds

Estimated	Actual *

Professional Development Funds

Other Sources

TOTAL COST

*Fill in "Actual column" when travel is completed.
Funding will be applied to travel expenses as follows: College funds will be applied first. Other funding as indicated above will be applied to the remaining reimbursable expenses

TRAVEL AUTHORIZATION APPROVAL

I hereby approve the travel request: Approved: Yes No

_____ Date: _____
Cost Center Head's Signature

Additional signature required if Cost Center Head is traveler:
Approved: Yes No

_____ Date: _____
Dean, VP, or President as Required

For Accounts Payable Use Only

MODE OF TRANSPORTATION

College Car

Other Riders: _____

Other Mode: _____

Mileage reimbursement guidelines require the cost to be charged to the traveler's cost center.

COLLEGE CAR APPROVAL:

Driver's License # on file: Yes No

Car Assigned: _____

_____ Date: _____

Signature

SECTION 2 Actual Daily Travel Expenses (to be filled in after completion of travel)

(PLEASE ATTACH ORIGINAL PAID RECEIPTS, REGISTRATION FORM, BROCHURE, PROGRAMS, ETC.)

ACTUAL DAILY TRAVEL EXPENSES

Day of the Week <small>List each day separately</small>	Travel Dates	Time of Departure & Return	Transportation Cost	Hotel	Per Diem Breakfast	Per Diem Lunch	Per Diem Dinner	Registration	Other Amount
<small>Mileage Reimbursement If Applicable</small>	<small>Miles Driven X</small>	<small>Contracted Rate</small>	<small>\$Amount</small>						

GRAND TOTAL

Column TOTAL

- Please return this form and all original paid receipts showing payment for hotels, transportation cost, boarding pass, tolls, garage fees, and registration to Accounts Payable.
- Time of departure and time of arrival is from and to Broome Community College or home.
- Free parking is available at Broome County Regional Airport. You must present a copy of the approved Travel Authorization to the attendant

I hereby certify that the foregoing claim presented against Broome Community College is just, true and correct: that the claim herein presented is justly due and that the amount claimed has not been paid or satisfied.

Traveler's Signature: _____ Date: _____