Complete form, print and route

WILLIAMSBURG TECHNICAL COLLEGE

TRAVEL AUTHORIZATION

Date submitted: _____ Account number and object code to be charged: _____

Traveler name _____ SSN: _____

Trip destination: _____

Explanation of trip purpose: _____

_____

Date/time leave: _____ Date/time return: _____

Contact phone(s): cell _____ meeting site _____ lodging _____

Name(s) of accompanying traveler(s): _____

Mode of travel: ❒college car ❒college van ❒personal vehicle ❒college vehicle not available (requires maint. initial) _____

Estimated expenditures:

Meals _____

Lodging _____

Registration _____

Mileage _____

Other transportation _____

Other (explain) _____

_____

TOTAL _____

Allowable state rates:

Meals reimbursed if:

	Depart before	Return after	In-state	Out-of-State
(B) -	6:30 a.m.	11:00 a.m.	$8	$10
(L) -	11:00 a.m.	1:30 p.m.	$10	$15
(D) -	5:15 p.m.	8:30 p.m.	$17	$25

Max. reimbursement for meals is $35 in-state and $50 out-of-state.
Meals included in agenda will not be reimbursed.

Mileage: .67 cents/mile

Prepayment request:

Registration amount _____ Deadline _____ FEIN _____ ❒mail/❒with attached form ❒carry

Airfare amount _____ Deadline _____ FEIN _____ ❒mail/❒with attached form ❒carry

Note:
- *Approval of travel is contingent upon availability of funds in divisional budgets. Supervisors are responsible for ensuring availability of funds.*
- *Agenda must be attached to travel authorization for approval purposes.*
- *Prepayment must be made well enough in advance to meet check-writing deadlines. Please indicate if a check is to be mailed with form or carried with traveler.*
- *Agenda, lodging receipt, registration receipt and any receipts for "other" must accompany reimbursement form.*
- *Travel reimbursement must be submitted no later than two working days after travel.*

Traveler Signature: _____ Date: _____

Authorized Approval Signature: _____ Date: _____

CBO Signature: _____ Date: _____

WILLIAMSBURG TECHNICAL COLLEGE

TRAVEL REIMBURSEMENT FORM

Date: _____ Account number and object code to be charged: _____

Traveler signature: _____ SSN: _____

Under penalty of perjury, I certify that this is a true and accurate statement of my travel expenses.

Date	Time	Place	Miles	Amount	Other	Lodging	Breakfast	Lunch	Dinner		*Business Office use only* Total Subst.	*Business Office use only* Daily Total
Business Office use only	TOTALS											

Business Office use only

Subtotal _____

Prepaid expenses _____

Total expenses _____

Allowable state rates:

Meals reimbursed if:

	Depart before	Return after	In-state	Out-of-State
(B) -	6:30 a.m.	11:00 a.m.	$8	$10
(L) -	11:00 a.m.	1:30 p.m.	$10	$15
(D) -	5:15 p.m.	8:30 p.m.	$17	$25

Max. reimbursement for meals is $35 in-state and $50 out-of-state. Meals included in agenda will not be reimbursed.

Mileage: .67 cents/mile

Note:
- *Traveler must provide actual expenses and prepayment amounts only.*
- *Additional pages of information (ex.: delineated weekly or monthly trips) may be attached.*
- *Do not fill in totals.*
- *Agenda, lodging receipt, registration receipt and any receipts for "other" must accompany reimbursement form.*
- *Travel reimbursement must be submitted no later than two working days after travel.*