

# WILLIAMSBURG TECHNICAL COLLEGE

Complete form, print and route

## 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:

	<u>Depart before</u>	<u>Return after</u>	<u>In-state</u>	<u>Out-of-State</u>
(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: .725 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: \_\_\_\_\_

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## 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.	Daily Total
<i>Business Office use only</i>	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: .725 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.