

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: .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. | Daily Total |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| <i>Business Office use only</i> | TOTALS | | | | | | | | | | |

| | |
|---------------------------------|--|
| <i>Business Office use only</i> | |
| Subtotal _____ | |
| Prepaid expenses _____ | |
| Total expenses _____ | |

| | | | | |
|--|----------------------|---------------------|-----------------|---------------------|
| 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 |
| <i>Max. reimbursement for meals is \$35 in-state and \$50 out-of-state. Meals included in agenda will not be reimbursed.</i> | | | | |
| 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.