



TRAVEL AUTHORIZATION AND REIMBURSEMENT

(NOTE: Please consult the official Travel Policy)

Vehicle: None Car SUV
 College Vehicle # _____
 Return Mileage _____
 Departure Mileage _____

College Car Mileage Charge:
 \$ _____
 (Business Services will calculate)

Required Information
Banner ID # _____

PART 1 - PRIOR AUTHORIZATION

Please attach copies of conference agendas or other applicable documentation

Name _____ Cost Code(s) _____ From

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 Time: _____
 Destination City _____ State _____ Purpose _____ To

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 Time: _____
 Traveler (signature) _____ Date _____
 Supervisor (signature) PRIOR to travel _____ Date _____

PART 2 - RECONCILIATION AND REIMBURSEMENT VOUCHER

1. MILEAGE CHARGES (private vehicle - State car NOT available .56/mile, State car WAS available .50/mile)	2. MEALS (✓) 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			Meals (✓)			Total Meals
					Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner	
			-		Breakfast	\$ 16.00					\$ -
			-		Lunch	\$ 19.00					\$ -
			-		Dinner	\$ 28.00					\$ -
			-								\$ -
			-								\$ -
			-								\$ -
			-								\$ -
			-								\$ -

3. MISCELLANEOUS EXPENSES (Attach receipts for items > \$5)			4. AIR FARE (Attach orig. receipt and ticket stub)				5. LODGING (Attach orig. receipts)		
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 _____ GRAND TOTAL

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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