

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:

	<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.	\$6	\$7
(L) -	11:00 a.m.	1:30 p.m.	\$7	\$9
(D) -	5:15 p.m.	8:30 p.m.	\$12	\$16

Max. reimbursement for meals is \$25 in-state and \$32 out-of-state.

Meals included in agenda will not be reimbursed.

Mileage: No college vehicle available: 44.5 cents/mile

Personal vehicle used by choice: 40.5 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.

											<i>Business Office use only</i>	
Date	Time	Place	Miles	Amount	Other	Lodging	Brkfst	Lnch	Dnr		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.	\$6	\$7
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 Meals included in agenda will not be reimbursed.
 Mileage: No college vehicle available: 44.5 cents/mile
 Personal vehicle used by choice: 40.5 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.