

**MOTT COMMUNITY COLLEGE  
TRAVEL REQUEST & EXPENSE FORM**

Submit to Accounts Payable (CM1026) with all travel related payment requests and then final copy within 30 days of travel.

NAME \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

TITLE OF CONFERENCE OR WORKSHOP \_\_\_\_\_

LOCATION \_\_\_\_\_ MY PART IN THE PROGRAM \_\_\_\_\_

DATE & TIME OF DEPARTURE \_\_\_\_\_ AND RETURN \_\_\_\_\_

ADVANCED AMOUNT REQUESTED: \_\_\_\_\_

**APPROVAL OF TRAVEL REQUEST:**

COST CENTER MANAGER \_\_\_\_\_

_____ REQUESTING SIGNATURE	_____ TRAVEL COMMITTEE SIGNATURE (Faculty only)
_____ SUPERVISOR	_____ VICE PRESIDENT (Faculty travel only)
<b>FACULTY:</b> SUBSTITUTE NEEDED? YES NO SUBJECT & TIMES _____	

**ESTIMATED COSTS:**

**ACTUAL EXPENSES:**

**TRANSPORTATION**

PRIVATE AUTO (#miles _____ @ 55.5)	\$ _____	\$ _____
PLANE/TRAIN FARE (Attach receipts)	\$ _____	\$ _____

<b>HOTEL: (Attach receipts)</b>	\$ _____	\$ _____
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**MEALS \$28.00 PER DAY**

BREAKFAST.....\$5.00	_____	
LUNCH.....\$8.00	_____	
DINNER.....\$15.00	_____	

<b>TOTAL MEALS</b>	_____	_____
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<b>REGISTRATION</b>	_____	_____
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<b>OTHER, ATTACH RECEIPTS</b>	_____	_____
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<b>TOTAL EXPENSES</b>	_____	_____
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<b>LESS: AMOUNT ADVANCED</b>	_____	_____
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<b>IF NEGATIVE: AMOUNT DUE COLLEGE</b>	_____	_____
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<b>IF POSITIVE: AMOUNT DUE EMPLOYEE</b>	_____	_____
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ACCOUNT NUMBER \_\_\_\_\_

**APPROVAL OF ACTUAL EXPENSES:**

**COST CENTER MANAGER APPROVAL** \_\_\_\_\_ **DATE:** \_\_\_\_\_

RECEIPTS ARE NOT REQUIRED FOR MEALS FOR MORE THAN ONE DAY TRIPS