



# TRAVEL & PDP AUTHORIZATION REQUEST FORM (on blue paper)

Revised March 2014

Attach Pre Activity Form, all required documents, and submit to Finance/Administration after signatures acquired

Name & Home Address	Department	Name of Conf, School etc/ & City, State	Contact Number
Departure Date & Hour	Return Date & Hour		Total Days and Hours
Meeting Dates	Are Outside Funds, Resources being used? Provide Details		Actual _____ Per Diem _____
<input type="checkbox"/> LCC Vehicle Submit Vehicle Form fo Motor Pool	<input type="checkbox"/> Private Vehicle 1/2 Reimbursement	<input type="checkbox"/> LCC Vehicle Denied (Attach copy of denial form)	

Mileage \_\_\_\_\_ x .40 \_\_\_\_\_  
 Requests for Out-of-State and/or Actuals must also be approved by the President  
 Distance \_\_\_\_\_ (Use mileage chart)

Attach copies of brochures, schedules, agendas, flight itinerary, hotel confirmation if Hotel advance is required, and any other pertinent information .

Estimated Cost of Trip	Amount	Line Item (CODES)	Payee, Address, City, State, Zip and phone number
Hotel	_____	_____	_____
Registration ( or Tuition)	_____	_____	_____
Travel (Airfare, etc)	_____	_____	_____
Parking	_____	_____	_____
Perdiem or Actuals (Meals etc)	_____	_____	_____
Mileage	_____	_____	_____
Books	_____	_____	_____
Other (Shuttle, transportation)	_____	_____	_____
Total Cost of Trip	=====		

<b>PDP Committee Approved / Denied</b>

I certify that this travel is in accordance with authorized school business and this form is correct to my knowledge. I understand that receipts are required for all expenses except straight per-diem.

Employee Signature _____	Date _____	Employee ID# _____	Finance & Admin Use Only Received: _____
Supervisor _____	Date _____	Vice President - Academics _____	
Vice President Finance & Administration _____	Date _____	President (Actual, Out of State, 1+Traveler) _____	Date _____

## COMPLETE SECTION BELOW FOR REIMBURSEMENT OF APPROVED EXPENSES AND SUBMIT WITH POST ACTIVITY

TRAVEL REIMBURSEMENT VOUCHER						Please remember to attach original receipts  <i>I certify that this accounting is just and true to the best of my knowledge.</i>  Employee Signature _____ Date _____  Vice President Finance & Admin _____ Date _____  STAMPS and NOTES
DATE						
Breakfast						
Lunch						
Dinner						
Other						
Tips						
Taxi/shuttle						
Parking / Mileage						
<b>TOTALS</b>						
<b>TOTAL Expenses</b>						