PID: _____
BALANCE: _____
TR #: _____

LAREDO COLLEGE
TRAVEL AUTHORIZATION AND ADVANCE PAYMENT REQUEST
(MUST BE RECEIVED AT ACCOUNTING DEPARTMENT 15 DAYS PRIOR TO TRIP)

LC — LAREDO COLLEGE EST. 1947

Traveler _____ Department _____ Account No. _____

Destination _____

Departure Date_____ Time _____ o A.M. o P.M.   Return Date _____ Time _____ o A.M. o P.M.

*Purpose of Trip _____

_____

If motor vehicle is being used, list names of employees/students traveling with you: _____

*ATTACH AN OFFICIAL DOCUMENT IDENTIFYING THE PURPOSE OF THE TRIP, SUCH AS LETTER, BROCHURE, AGENDA, ADVERTISEMENT, ETC.

TYPE OF TRAVEL

Professional Development o (Overnight)   Technical Assistance o (Same Day)

ESTIMATED EXPENSES

TRANSPORTATION
Airfare $ _____
o Check here if using LC credit card to book airfare.

Personal Vehicle (_____ miles x _____ ¢ per mile) $ _____

Rental Vehicle ($ _____ per day x _____ days) $ _____

MEALS AND LODGING

Meals (Breakfast $_____ Lunch $_____ Dinner $_____) $ _____

Lodging $_____ x _____ Days $ _____

o Check here if using LC credit card to make lodging reservation.

Registration Fees _____ $ _____

Other _____ $ _____

Total Estimated Expenses _____ $ _____
          Supervisor's Signature

o Check here if using LC vehicle.

RECEIPTS WILL BE REQUIRED EXCEPT FOR MEALS AND USE OF PERSONAL VEHICLE.

TRAVELER'S CERTIFICATION

I certify that this information is correct and that the funds advanced are reimbursable travel expenses. If traveling by motor vehicle, I understand that I must use a rental vehicle if required; If I refuse to use a rental vehicle, I will be reimbursed at the rental vehicle cost. I agree to submit a travel expense report within fifteen days after I return. I understand that failure to submit a travel expense report within fifteen days after my return may result in the amount advanced being deducted from my paycheck. I understand that I am liable for non-refundable expenses if this trip is cancelled and I fail to timely notify the accounting department and others concerned.

This travel is: o Optional o Required
Rental Vehicle o Accepted o Refused

Traveler's
Signature _____

Date _____ Ext. No. _____

ADMINISTRATIVE APPROVAL
This travel is o Optional o Required
o Total estimated expenses approved
o Amount approved not to exceed $ _____
o Disapproved
Signature _____
      Dean   Associate Provost/Associate VP
   (when applicable)   (when applicable)

EXECUTIVE APPROVAL
This travel is o Optional o Required
o Total estimated expenses approved
o Amount approved not to exceed $ _____
o Disapproved
Signature _____
   Provost/Vice-President   President

FOR ACCOUNTING OFFICE USE

Personal Vehicle Cost (_____ miles x _____ ¢ per mile) $ _____

Rental Vehicle Cost:
     Rent (_____ days x $ _____ per day) $ _____
     Estimated Gasoline (_____ gals. x $ _____ per gal.) $ _____ $ _____

Amount Advanced $ _____   Check No. _____   Check Date _____

Use for Physical Travel Only