



LAREDO COLLEGE

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

Traveler _____ Department _____ Account No. _____

Destination _____

Departure Date _____ Time _____ O.A.M. P.M. Return Date _____ Time _____ O.A.M. 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

Technical Assistance

ESTIMATED EXPENSES

TRANSPORTATION

Airfare \$ _____

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 \$ _____

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

Registration Fees _____ \$ _____

Other _____ \$ _____

Total Estimated Expenses _____ \$ _____

Dept. Chair/Director Signature

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: Optional Required
Rental Vehicle Accepted Refused

Signature _____

Date _____ Ext. No. _____

ADMINISTRATIVE APPROVAL

This travel is Optional Required

Total estimated expenses approved

Amount approved not to exceed \$ _____

Disapproved

Signature _____

EXECUTIVE APPROVAL

This travel is Optional Required

Total estimated expenses approved

Amount approved not to exceed \$ _____

Disapproved

Signature _____

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