

# SOUTHWESTERN COLLEGE TRAVEL AUTHORIZATION AND CLAIM FORM - Effective Jan 2024

COLLEGE I.D. #:

FUNDING SOURCE:

NAME:		DEPARTMENT:
MEETING/CONFERENCE TITLE:		
TRAVEL DATE(S):		CITY, STATE:

**\*\*\*REFER TO TRAVEL PROCEDURES ON BUSINESS & FINANCIAL AFFAIRS (BFA) WEBPAGE\*\*\***

Estimate (Before Travel)		Actual Costs (Following Travel)
Mileage _____ x _____ per mile      \$ _____	No Receipts Required	Mileage _____ x _____ per mile      \$ _____
Meals & Incidentals (M&IE), per <a href="http://gsa.gov">gsa.gov</a> Only available if travel is >40 miles one-way.  City, State _____ "First & Last Day" Rate:                      x _____ "Total" Rate:                                      x _____ Less: Adjustment for meals provided _____		Meals & Incidentals Total, per left column.  Additional M&IE adjustments
<b>Meals &amp; Incidentals Total (estimate)</b> \$ _____		<b>Meals &amp; Incidentals Total (actual)</b>
Airfare _____		Check box for each line item (paid by): <u>SWC</u> Self
Parking, Shuttle, Rideshare, etc. _____	Original Receipts Required	Airfare _____
Lodging: (# of Nights) _____		Parking, Shuttle, Rideshare, etc. _____
Registration Fee _____		Itemized Hotel Statement _____
Other: _____		Registration Fee _____
Other: _____		Other: _____
<b>Total Estimated Expenses</b> \$ _____		<b>Total Actual Expenses</b> \$ _____

<p><b>X</b> _____ (Employee's Signature) (Date)</p> <p><b>X</b> _____ (Dean, Director or Supervisor's Signature) (Date)</p> <p>\$ _____ Maximum Authorized</p> <p><b>X</b> _____ (President's/Vice President's Signature) (Date)</p> <p>Budget Number: _____ - 55220-      <input type="checkbox"/> Check here if no charge.</p>	<p>I certify that the above amounts were actual and necessary incurred expenses for this leave.</p> <p><b>X</b> _____ (Employee's Signature) (Date)</p> <p><b>X</b> _____ (Dean, Director or Supervisor's Signature) (Date)</p>
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<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Request Travel Advance Funds: \$ _____</div> <p><i>Note: Travel Advance available for mileage, M&amp;IE, and any other prepaid expense with receipts.</i></p> <p><b>X</b> _____ (Employee's Signature) (Date)</p>	<b>Summary of Expenses</b>		
		<b>Total Actual Expenses</b>	\$ _____
	LESS	<b>Paid by District (ESM)</b>	\$ _____
	LESS	<b>Paid by District (Credit Card)</b>	\$ _____
	LESS	<b>Advance Funds Paid Employee</b>	\$ _____
		<b>Total Due Employee</b>	\$ _____
	<b>Total Due District</b>	\$ _____	

Comments: \_\_\_\_\_  
*Include calculations for Adjustment to Meals Provided and/or Request for Travel Advance Funds.*

For further explanation on how to fill out this form, please refer to the Travel Procedures on the BFA webpage.