

SOUTHWESTERN COLLEGE TRAVEL AUTHORIZATION AND CLAIM FORM (2022)

COLLEGE I.D. #:

FUNDING SOURCE:

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

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

Estimate (Before Travel)		Actual Costs (Following Travel)
Mileage _____ x _____ per mile	\$	Mileage _____ x _____ per mile
Meals & Incidentals (M&IE), per gsa.gov		Meals & Incidentals Total, per left column.
City, State _____		Additional M&IE adjustments
"First & Last Day" Rate: _____ x _____		
"Total" Rate: _____ x _____		
Less: Adjustment for meals provided		
Meals & Incidentals Total (estimate)	\$	Meals & Incidentals Total (actual)
Airfare		Check box for each line item (paid by): SWC Self
Parking, Shuttle, Rideshare, etc.		Airfare
Lodging: (# of Nights) _____		Parking, Shuttle, Rideshare, etc.
Registration Fee		Itemized Hotel Statement
Other:		Registration Fee
Other:		Other:
Total Estimated Expenses	\$	Total Actual Expenses
		\$

<p>X _____ (Date) _____ (Date) (Employee's Signature)</p> <p>X _____ (Date) _____ (Date) (Dean, Director or Supervisor's Signature)</p> <p>\$ _____ Maximum Authorized</p> <p>X _____ (Date) _____ (Date) (President's/Vice President's Signature)</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>X _____ (Date) _____ (Date) (Employee's Signature)</p> <p>X _____ (Date) _____ (Date) (Dean, Director or Supervisor's Signature)</p>
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Summary of Expenses	
Total Actual Expenses	
Paid by District (ESM)	
Paid by District (Credit Card)	
Advance Funds Paid Employee	
Total Due Employee	
Total Due District	

Comments: _____

Request Travel Advance Funds: \$

Note: Travel Advance available for mileage and M&IE only.

X _____ (Date) _____ (Date)
(Employee's Signature)

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