SOUTHWESTERN COLLEGE
TRAVEL AUTHORIZATION AND CLAIM FORM - Effective Jan 2025

COLLEGE I.D. #: FUNDING SOURCE: **GENERAL FUND**

NAME: DEPARTMENT:

MEETING/CONFERENCE TITLE:

TRAVEL DATE(S): CITY,STATE:

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

Estimate (Before Travel)		No Receipts Required	**Actual Costs** (Following Travel)	
Mileage _____ x 0.700 per mile	$ 0.00		Mileage _____ x 0.700 per mile	$ 0.00
Meals & Incidentals (M&IE), per gsa.gov Only available if travel is >40 miles one-way. City, State_____ "First & Last Day" Rate: x _____	0.00		Meals & Incidentals Total, per left column.	
"Total" Rate: x _____	0.00		Additional M&IE adjustments	
Less: Adjustment for meals provided				
Meals & Incidentals Total (estimate)	$ 0.00		**Meals & Incidentals Total (actual)**	0.00
Airfare		**Original Receipts Required**	Check box for each line item (paid by): SWC Self Airfare ☐ ☐	
Parking, Shuttle, Rideshare, etc.			Parking, Shuttle, Rideshare, etc. ☐ ☐	
Lodging: (# of Nights) _____			Itemized Hotel Statement ☐ ☐	
Registration Fee			Registration Fee ☐ ☐	
Other:			Other: ☐ ☐	
Other:			Other: ☐ ☐	
Total Estimated Expenses	**$ 0.00**		**Total Actual Expenses**	**$ $ 0.00**

X _____
(Employee's Signature) (Date)

X _____
(Dean, Director or Supervisor's Signature) (Date)

$ _____
Maximum Authorized

X _____
(President's/Vice President's Signature) (Date)

Budget Number: – – –55220– ☐ Check here if no charge.

I certify that the above amounts were actual and necessary incurred expenses for this leave.

X _____
(Employee's Signature (Date)

X _____
(Dean, Director or Supervisor's Signature) (Date)

	Summary of Expenses	
	Total Actual Expenses	**$ $ 0.00**
LESS	**Paid by District (ESM)**	**$**
LESS	**Paid by District (Credit Card)**	**$**
LESS	**Advance Funds Paid Employee**	**$**
	Total Due Employee	**$**
	Total Due District	**$**

Request Travel Advance Funds: $

Note: Travel Advance available for mileage, M&IE, and any other prepaid expense with receipts.

X _____
(Employee's Signature) (Date)

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.