

SOUTHWESTERN COLLEGE

TRAVEL AUTHORIZATION AND CLAIM FORM - Effective July 2026

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)		No Receipts Required	Actual Costs (Following Travel)	
Mileage _____ x _____ per mile	\$ _____		Mileage _____ x _____ per mile	\$ _____
Meals & Incidentals (M&IE), per gsa.gov 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 (estimate) \$ _____		Original Receipts Required	Meals & Incidentals Total, per left column. Additional M&IE adjustments Meals & Incidentals Total (actual)	
Airfare			Check box for each line item (paid by): <u>SWC</u> 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	\$ _____		Total Actual Expenses	\$ _____
X _____ (Employee's Signature) _____ (Date) X _____ (Dean, Director or Supervisor's Signature) _____ (Date) \$ _____ <i>Maximum Authorized</i> 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)		
Request Travel Advance Funds: \$ _____ <i>Note: Travel Advance available for mileage, M&IE, and any other prepaid expense with receipts.</i> X _____ (Employee's Signature) _____ (Date)		Summary of Expenses		
		Total Actual Expenses \$ _____		
		LESS	Paid by District (ESM) \$ _____	
		LESS	Paid by District (Credit Card) \$ _____	
		LESS	Advance Funds Paid Employee \$ _____	
		Total Due Employee \$ _____		
		Total Due District \$ _____		

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.