

HUDSON COUNTY COMMUNITY COLLEGE

(06/06)

TRAVEL REQUEST FORM

INSTRUCTION: Complete this form and obtain prior approvals for all travel on College-related business, whenever “per trip” expense(s) exceed \$100.00.

DATE: _____

Person Requesting: _____

Dept./Division: _____

Purpose of Travel: _____

Travel Destination: _____

Date(s): _____

| | Anticipated Cost | Explanation |
|----------------|------------------|-------------|
| Transportation | | |
| Hotel | | |
| Food | | |
| Fees | | |
| Other | | |
| Total | | |

Funding Source Acct. # _____

Supervisor: _____ Date: _____

Division Vice President: _____ Date: _____

President: _____ Date: _____

(Division Vice President & Trustees Only)

Photo Copy distribution to all signatures.

NOTE: Please attach descriptive material on conference or meeting to be attended.

Travel Reimbursement Form

Appendix B

Hudson County Community College Travel Reimbursement

Date

Employee Name (print)

Employee Signature

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------|-------------|----------------|--------|---------------|--------|------------------------|----------------|---------|------|------------------|---------|--------|
| PURPOSE/LOCATION | AUTO RENTAL | AIRPLANE TRAIN | TAXI | TOLLS PARKING | MISC | BUSINESS MEETING MEALS | PERSONAL MEALS | LODGING | DATE | PERS AUTO AMOUNT | MILEAGE | TOTAL |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| | | | | | | | | | | | | \$0.00 |
| TOTALS | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 0 | \$0.00 |

| | | | |
|---|--|---------------------------------|------------------------|
| Detailed receipts required on all expenses | | A D V A N C E | Date: _____ AMT: _____ |
| Explain columns 5, 6, and 10 on reverse side: | | | Date: _____ AMT: _____ |
| | | | Date: _____ AMT: _____ |
| | | | Date: _____ AMT: _____ |
| | | TOTAL ADVANCE | \$0.00 |
| | | DUE TO COLEGE | |
| | | DUE TO EMPLOYEE | \$0.00 |

| | DATE |
|-------------------------|------|
| DEPARTMENT HEAD | |
| DIVISION VICE PRESIDENT | |
| PRESIDENT | |

FUNDING SOURCE ACCT #: _____

CONTROLLER: _____ DATE: _____