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| SOUTHWEST TENNESSEE COMMUNITY COLLEGE |

SINGLE-TRIP TRAVEL AUTHORIZATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name (**Please Print or Type**): | | |  | Date: |  |
| Department/Division: | |  | | | |
| Campus: |  | | | | |
|  | | | | | |

**The above person is authorized to travel:**

Official College business  Meeting or conference

in pursuit of the College’s educational objectives of a professional nature

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| --- | --- | --- | --- | --- | --- |
| Destination: |  | | | | |
| Purpose: |  | | | | |
| Effective Travel Dates: From | |  | To |  |
| Method of Travel: | |  |  |  |

State-owned Vehicle\*  Personal Vehicle  Commercial Transportation

Estimated Expenses:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Commercial Transportation (Air ) | | | | | | = $ | 0.00 |
| Auto mileage | |  | 0 | miles @ $ | 0.47 | per = $ | 0.00 |
| Hotel (Convention/State Rate ) | | |  | days @ $ |  | Per = $ | 0.00 |
| Meals & Incidentals @ 100% | | |  | days @ $ |  | Per = $ | 0.00 |
| Meals & Incidentals @ 75% | | |  | days @ $ |  | Per = $ | 0.00 |
| Other (specify) |  | | | | | = $ |  |
| TOTAL $ | | | | | | | 0.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Index Code: |  | Account Code: |  |
| Grant Index Code: |  | Account Code: |  |
|  | | | | | |

Please prepay registration fee (attach copy of conference brochure, registration form and payment request form)

I am being asked to travel on behalf of SWTCC.  The advanced cash outlay required for this trip places a financial burden on me.  For that reason, I am requesting a travel advance.  I understand if I do not make the trip, those proceeds must be returned to SWTCC immediately.  I further understand money advanced will be deducted from the amount due to me as a result of this trip.   Travel Advance Requested $

I agree to submit a “Claim for Expenses” form within 30 days after travel completion

***For A/P Staff:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Travel Authorization #: |  | |  | |  |
|  | | | | | Employee Signature |
| **Approvals:** | | | | | |
|  | |  | |  | |
| Director/Immediate Supervisor | |  | | Other | |
|  | |  | |  | |
| Dean/Vice President | |  | | President (Required for out-of-state travel) | |

**ORIG-AP COPY-REQUESTER COPY-PHYSICAL PLANT (\* IF STATE OWNED VEHICLE IS USED)**