

Alamo Colleges Employee Travel Authorization Form

Traveler Name:	Campus:
Traveler ID (VIN):	Date:
Dept Name:	Phone:
Dept. Account:	Departure Date:
Destination:	Return Date:

Item 1:	Purpose for trip, destination, date, etc.
Description:	

Item 2:	Total Estimated Expenses	\$	-	Travel Advance: Yes _____ No _____
	<u>Prepaid</u> (Paid by AC)		<u>Reimbursable</u> (Pd by Traveler)	Cash (up to \$300) _____ (Check One)
Registration (71654)	_____	or	_____	Check _____
Airfare (73013 USA, 73002 INTL)	_____	or	_____	Dir Dep _____ (**)
Mileage (73011, 73012)	_____		_____	
Lodging (73015 USA, 73004 INTL)	_____	or	_____	
Meals: (73016 USA, 73005 INTL)	_____		_____	
Enter Per Diem/M&IE → 				** For Direct Deposit, complete the A/P Direct Deposit form upon initial request. Direct Deposit will take apx. two weeks from the date submitted to become effective.
Nonovernight: Trip must be > 2hrs of normal workday.				For Accounts Payable and Bursar Office Purposes only:
*# of Days Attending 25% of Per Diem		\$	-	Direct Pay Invoice Number: _____
Overnight:				Credit Memo Number: _____
*Departure Date 50% of Per Diem		\$	-	Advance Amount: _____ Date: _____
*# of Full Days 		\$	-	
*Return Date 50% of Per Diem		\$	-	Direct Pay Charge Accounts
Car Rental (73014 USA, 73003 INTL) _____ or _____				Bursar's Notes: Campus Fund/Account
Other (73017 USA, 73006 INTL) _____				DIST/CESC 119001-13431
Payment by 3rd party organization or grant _____				SAC 111001-13431
				SPC/SWC 112001-13431
Subtotals \$0.00		\$	-	PAC 113001-13431
Available for Travel Advance: Employee = 75% Enter % _____				NVC 114001-13431
Maximum available for Travel Advance \$ 		\$	-	NEC 115001-13431
Be as accurate as possible. All requests for reimbursements > 10% of the original request will need an adjusted travel authorization.				Recipient Acknowledgement of Cash Advance: _____
*Nonovernight travel receives 25% of per diem. Overnight departure/return days receive 50% of per diem. See website in middle column.				
				GSA - Domestic Per Diem Rates

Requester's Certification: I understand if I request a travel advance, a check, direct pay, or cash (up to \$300) will be generated in my name. A credit memo for the amount of the travel advance will be entered in the accounting system. I understand I must submit the approved Travel Expense Statement within 10 working days from the date I return from the trip. After the 10 days, any and all Accounts Payable payments processed will be applied to the credit memo until the amount of the travel advance is settled. I authorize the District to deduct all travel advances owed from my paycheck to settle any outstanding balance not repaid within 30 days of the date I return.

Signature : _____
Employee _____ Printed Name

Approved: _____
Budget Manager _____ Printed Name

Approved: _____
In-State travel requires Dean, Director, or Associate Vice Chancellor Signature Printed Name

Approved: _____
Out-of-State travel requires President, Vice Chancellor, or Chancellor Signature Printed Name

Approved: _____
Out of Country requires Chancellor Signature Printed Name

Date _____

Date _____

Date _____

Date _____

Date _____