



### **TRAVEL/CONFERENCE REQUEST FORM**

***A form must be completed for each individual attending the conference. Requests must be submitted for Board approval no less than 45 days before the next board meeting unless extenuating circumstances justify the modification of this deadline.***

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Conference/Meeting: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_

Location: \_\_\_\_\_

(Hotel, Conference Center or site including City and State)

Rationale for Attendance: \_\_\_\_\_

\_\_\_\_\_

**ESTIMATED EXPENSES:** Be as accurate as possible when itemizing expensed.

REGISTRATION FEE..... \$ \_\_\_\_\_

LODGING: \_\_\_\_\_ nights @ \$ \_\_\_\_\_ per night..... \$ \_\_\_\_\_

MEALS: (indicate if meals are included in registration or lodging costs)

\_\_\_\_\_ days @ \$40.00 per day..... \$ \_\_\_\_\_

#### **TRANSPORTATION:**

Mileage: *Western Montgomery CTC should be used as the origin for the calculation of mileage **UNLESS** the distance is shorter from the actual place of origin (i.e. your residence)*

Origin \_\_\_\_\_ Destination \_\_\_\_\_

Total \_\_\_\_\_ miles @ \_\_\_\_\_ per mile..... \$ \_\_\_\_\_

(Includes return trip)

#### **Airfare:**

Origin \_\_\_\_\_ Destination \_\_\_\_\_..... \$ \_\_\_\_\_

Rental Car: \_\_\_\_\_ days @ \_\_\_\_\_ per day..... \$ \_\_\_\_\_

Taxi/Bus Shuttle: \_\_\_\_\_ days @ \_\_\_\_\_ per day..... \$ \_\_\_\_\_

Other Expenses: (Provide itemized breakdown with estimated costs)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES** \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CONFERENCE REPORT**

**Please complete this report after attending all conferences, workshops, etc. for which release time and/or financial support was given.**

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### ***Activity Objective:***

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### ***Major Highlights:***

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### ***Information for Sharing:***

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Completed by: \_\_\_\_\_

Date: \_\_\_\_\_



## TRAVEL EXPENSE VOUCHER

Date	Origin/Destination	Origin/Destination	Purpose	Mileage
<b>Example</b> 10/1/07	WMCTC to UP	UP to WMCTC	Meeting	28

TOTAL MILES \_\_\_\_\_

REIMBURSEMENT REQUESTED

\_\_\_\_\_ miles @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Receipted Expenses:** *(No item of expense will be approved for reimbursement if a RECEIPT is missing unless it was impossible to secure a receipt and the reason can be fully explained).*

*Meals* \$ \_\_\_\_\_  
*Tolls* \$ \_\_\_\_\_  
*Parking* \$ \_\_\_\_\_  
*Other: Explain* \$ \_\_\_\_\_

*TOTAL EXPENSES* \$ \_\_\_\_\_  
*LESS Travel Advance* \$ \_\_\_\_\_  
*Amount Due Employee* \$ \_\_\_\_\_  
*(School)*

I certify that all expenses herein were incurred by me in the performance of my assigned duties with the Western Montgomery CTC.

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Approval                                      Date

VC#: \_\_\_\_\_

Account #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check#: \_\_\_\_\_

**\*PLEASE COMPLETE CONFERENCE REPORT**