Sandhills Community College

Travel Authorization and Travel Advance Request

Date of Request: _____ Driver's License No.: (NC) _____

Nature of Request: ☐ Out-of-state travel ☐ In-state travel

Traveler: _____ ☐ Employee ☐ Student ☐ Other

Department: _____ Source of Funds: _____

Destination: _____ Purpose: _____

Dates of Meeting: _____ through _____ Title of Program: _____

Date Leaving: _____ Hour: _____ ☐ am ☐ pm Date Returning: _____ Hour: ____ ☐ am ☐ pm

Other SCC Employees involved in travel: _____

Mode of Transportation: ☐ School Car or School Van ☐ Private Vehicle ☐ Airplane ☐ Car Rental

Estimated Expenses: **Estimated Costs** **Advance**

Lodging: _____ days @ _____ per day @ _____ @ 75% _____

***** State travel subsistence rates for lodging are: In-State - $71.20, Out-of-State - $84.10**

Meals: _____ days @ _____ per day @ _____ @ 75% _____

***** Subsistence rates for meals are: In-State: B - $8.40, L - $11.00, D - $18.90 Out-of-State: B - $8.40, L - $11.00, D - $21.60**

Transportation:

(private vehicle only) _____ <100 miles @ _____ $.58 per mile _____ @100% _____

Total trip miles >100 miles @ _____ $.33 per mile _____ @100% Total advance

*****100 miles round trip regardless the number of days.**

Other:

_____ $_____ Total: _____ Total: _____

Note: Due to State regulations, registration fees, tuition, and airline tickets needed in advance should be requested using the "Tuition and Registration Fees Advance Request" form.

_____ _____
Traveler (Date)

_____ _____
(Department Chair / Supervisor) (Date)

_____ _____
(Dean) (Date)

_____ _____
(Vice President/President) (Date)

Action by Faculty Development Committee
FACULTY ONLY

Approved for no more than $ _____ from

_____ funds.

Not able to fund because _____

_____
(FDC Chairperson Signature)

_____
(Date)

FOR SCC BUSINESS OFFICE USE ONLY

Advance of Funds: **Amount $**_____ **Account #**_____
Amount $_____ **Account #**_____

Sandhills Community College

Travel Authorization and Travel Advance Request (pg. 2)

Name _____Department_____

Description of Activity _____ Date of Request_____

Category: ☐ college course ☐ conference ☐ back-to-industry ☐ on-campus project ☐ workshop
☐ other: _____

Total hours required for participation in activity (excluding travel time): _____

Will any of your classes need to be covered? ☐ Yes ☐ No

If yes, how many classes must be covered: _____

Who will cover each class? _____

PLEASE ATTACH SUPPORTING DOCUMENTATION/LITERATURE REGARDING THIS ACTIVITY INCLUDING DESCRIPTION OF ACTIVITY, DATES, COSTS, SCHEDULE OF EVENTS, ETC.

Why is it important for you to participate in this activity? How will your participation benefit the college? **PLEASE BE SPECIFIC**. Attach additional sheet if necessary. **Your request will be returned to you if sufficient information is not provided.**

_____

_____

_____

_____

_____

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_____

_____

_____

How will you share the information you obtain?

_____

_____

Department chairperson's comments of support for projected activity:

_____

_____

_____

_____

_____

Travel Authorization and Travel Advance Request Checklist

In order to save time in completing this form and processing your travel request, the following "checklist" was developed. If you have questions when completing your "Travel Authorization and Travel Advance Request Form," please call ext. 3717. Submit "Travel Authorization" for each trip, even when there are no funds requested. Receipts and a copy of Travel Authorization and Travel Advance Request must be attached. Books and individual membership fees must be reimbursed by submitting a memorandum with receipts attached to your immediate supervisor and appropriate vice president.

Complete the following items:

- ☐ **Date of Request:** (date you complete the form)
- ☐ **Nature of Request:** (check either in-state and/or out-of-state)
- ☐ **Traveler:** (name of person traveling)
- ☐ **Dept.**, (the department in which you work), ex. "Business"
- ☐ **Source of Funds**: (unit no., ex. 38800)
- ☐ **Destination:** (city and state)
- ☐ **Purpose**: (workshop, class, etc.)
- ☐ **Date of Meetings, etc.**: (beginning date and ending date), ex. "02/13/2011 to 02/15/2011"
- ☐ **Title of Program**: (name of class, workshop, etc.)
- ☐ **Date Leaving and Time**: (date and time leaving, including a.m. or p.m.)
- ☐ **Date Returning and Time**: (date and time returning, including a.m. or p.m.)
- ☐ **Other Employees Traveling**: (list any other employee traveling with you)
- ☐ **Mode of Transportation**: (check applicable box)

Estimated Expenses: Lodging, Meals, and Transportation costs are based on State rates.

- ☐ **Lodging**: (list no. of days and enter amount per day, including taxes, and total amount for lodging. If advance is requested, complete last column, "Advance." In-state Lodging: $71.20 per day; Out-of-State Lodging: $84.10 per day)
- ☐ **Meals**: (list no. of days and enter amount per day, and total amount of meals. If advance is requested, complete last column, "Advance." In-State Meals: Breakfast: $8.40; Lunch, $11.00; Dinner, $18.90; Lodging, $71.20. Out-of-State: Breakfast: $8.40; Lunch, $11.00; Dinner, $21.60; Lodging, $84.10.
- ☐ **Transportation**: When round trip does not exceed 100 miles (regardless of number of days traveled) employees can be reimbursed for mileage at 58 cents.

  When round trip does exceed 100 miles (regardless of number of days traveled) employees can be reimbursed for mileage at .33 cents.

  This rate is set by the IRS.

- ☐ **Other Expenses**: (If you do not want the registration fees, airline tickets, etc. to be paid in advance, enter those estimated expenses in this area.)
- ☐ **Signatures – faculty**: (traveler; department chair; Rebecca Roush) (all sign and date)
- ☐ **Signatures – staff**: (traveler; supervisor, appropriate vice president) (all sign and date)