

Request for Travel/Travel Advance Report

Name (Please Print)	Datatel ID No.	Campus	Contact Phone No.	Date	
Destination	Departure		Returning		Account Number (xx-x-xxxxx-6402-xx)
	Date	Time	Date	Time	

Reason for Travel Conference: Name/Sponsor _____ Presenter Attendee Facilitator/Officer
 Other (Specify:) _____

How classes/other responsibilities will be handled during absence: _____

I am requesting a Cash Advance. Check one: Mail check to address in Datatel. Pick up check on campus

For Cash Advance, submit form to Accounts Payable, SVC, a minimum of 10 days PRIOR to trip.

ESTIMATED EXPENSES

A. Pre-Paid by ACC via Purchase Order or P-Card

Registration	P.O.#	\$
Airfare	P.O.#	\$
Subtotal, Pre-Paid Expenses: A.		\$

B. Out-of-Pocket Expenses

Registration		\$
Transportation To Destination	<input type="checkbox"/> Airfare	\$
	<input type="checkbox"/> Round-Trip Mileage: _____ miles @ \$_____/mile*	\$
Ground Transportation	<input type="checkbox"/> Taxi <input type="checkbox"/> Parking <input type="checkbox"/> Tolls <input type="checkbox"/> Shuttle <input type="checkbox"/> Car Rental	\$
Lodging	_____ days @ \$_____/ day	\$
Meals	<input type="checkbox"/> Per diem: _____ days @ \$_____/ day*	\$
	<input type="checkbox"/> Actual Expenses: _____ days @ \$_____/ day	\$
Subtotal, Out-of-Pocket Expenses: B.		\$

C. CASH ADVANCE (if requested above). Cannot exceed 80% of out-of-pocket expenses (B):	\$
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D. Total ACC Funds Requested (Total A + B):	\$
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Employee must submit an Out-of-District Travel Reimbursement Report within 14 days of return.

Please read Travel Guidelines.* Signature below indicates acceptance of all conditions noted.

_____ Requestor (signature)	_____ Date	_____ Approved: Supervisor (Print)	_____ (Signature)	_____ Date
		_____ Approved: Budget Authority (Print)	_____ (Signature)	_____ Date

*Refer to the Business Services Web site for most recent information: www.austincc.edu/busdept/index.htm