

Date

Campus/Department

Destination (city/state)

Concise statement of purpose of trip and/or duties performed:

Name of Conference/Event

Departure Date

Return Date

Instructions: Complete the estimated column as soon as a trip is known but

	Daily Rate & Miles	# of Days	Estimated Expense: (Prior to Trip)	Prior Trip Voucher #	PRIOR TRIP PAYMENTS (District Paid)	POST TRIP PAYMENT (Employee Reimbursement)	ACTUAL EXPENSES
Hotel (Enter Daily Rate)	POST TRIP	MCID .NSES	\$34.49 58.507 42.851	r (POST TRIP	a.851 r P24.0a	e S 324.839 40	4 55.27>BDC 1 4S

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Employee Supervisor
ESIGNATURE:

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SEND APPROVED COPY
FOR REIMBURSEMENT TO:

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Funding Dept./Campus
Approval ESIGNATURE:

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Cabinet Approval
ESIGNATURE:

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Director of Business
or Designee Approval
ESIGNATURE

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FOR OUT OF STATE TRAVEL ONLY