



HARTNELL COLLEGE

TRAVEL AUTHORIZATION

Business Office Use Only

TA Number: _____

Please attach supporting materials and purchase requisitions to this form. Refer to *Travel Instructions and Guidelines* for details. Click [here](#) for GSA per diem rates.

| TRAVELER'S INFORMATION | | | |
|---|-----------------|---|----------------|
| NAME & EMPLOYEE ID # | | TITLE | |
| DEPARTMENT/AREA | | PHONE # | |
| PURPOSE OF TRAVEL | | | |
| TRAVEL PERIOD | | FROM: | TO: |
| SPECIFIC DESTINATION (name of destination, city, state, zip) | | | |
| OUT OF STATE TRAVEL | | President's Approval Required: Signed: _____ Date: _____ | |
| OUT OF U.S. TRAVEL | | Board Approval Required: Signed: _____ Date: _____ | |
| ESTIMATED COSTS | Advance Needed? | VENDOR / DESCRIPTION | ESTIMATED COST |
| <input type="checkbox"/> PERSONAL VEHICLE (Attach Google Map or Yahoo map w/RT mileage) January 1, 2021 rate = .560 per mile | No | Mileage is paid for personal vehicle use only. Gas for personal vehicles is not reimbursed separately; it is included in the mileage reimbursement. Round trip mileage _____ x 0.560¢ per mile = | \$ 0.00 |
| <input type="checkbox"/> COLLEGE VEHICLE (Attach Google Map or Yahoo map w/RT mileage) | No | Mileage is not paid when using a college vehicle. | |
| <input type="checkbox"/> OTHER TRANSPORTATION (list modes of transport, i.e., rental car, plane, etc.) (Attach confirmations) | No | Rental Car: Air: Other: | \$ |
| REGISTRATION FEE (Attach flyer or webpage) | No | | \$ |
| LODGING (Provide hotel name, nightly rate, & number of nights) | No | | \$ |
| MEALS (Original itemized receipts required) | No | | \$ |
| OTHER EXPENSES & TIPS (Parking, Taxi, Bus, Shuttle, Tolls, Uber, Lyft, Gas for rental car, etc.) | No | | \$ |
| TOTAL: | | | \$ 0.00 |
| Complete the <i>Travel Expense Claim</i> form upon return. GL# and GL# Budget Manager Signature REQUIRED | | Reimbursement will be made up to the amount shown above. Amounts in excess must be approved by Dean/Director/Supervisor on the <i>Travel Expense Claim</i> form. | |
| GL # | | | |

After completion of the above information, please print form, sign, and route for approvals.

AUTHORIZED SIGNATURES:

Traveler _____

Date _

Dean/Director/Supervisor _____

Date _

GL # Budget Manager _____

Date _

Vice President _____

Date _