

MONTGOMERY COLLEGE

LONG DISTANCE TRAVEL REQUEST

[Please click and follow the guidelines of the Policies and Procedures 65001CP \(Page 4: IV\) before filling out this request](#)

This form is to be used to obtain authorization to expend and to account for funds for distant travel. When such expenditure is associated with leave for professional meetings, the approval to expend funds is also approval of the leave.

Name _____ M# _____ Extension _____

Please Print

| | | |
|------------------------|-------|---------|
| Faculty | Staff | Student |
| Campus/Office/Dept | | |
| (Please circle status) | | |

| | Fund | Org | Acct | Prog | Activity (if applicable) | Amt |
|-----|-------|-----|------|------|-----------------------------|----------|
| (1) | _____ | | | | | \$ _____ |
| (2) | _____ | | | | | \$ _____ |

Destination _____

| | |
|-------------------------|---|
| Reason for Travel _____ | Brief Explanation (Trip Details) _____ |
|-------------------------|---|

Number of Work Days _____ Number of days Substitute Required (If applicable) _____

Dates of Travel FROM: _____ TO: _____

ADVANCE REQUEST

CHECKS WILL NOT BE ISSUED WITHOUT DOCUMENTATION (i.e., invoice from travel agent, sponsoring agent, registration form, hotel reservation notice, W9). APPROVED FORM DUE TO ACCOUNTS PAYABLE WITHIN 5 DAYS OF MAKING TRAVEL ARRANGEMENTS.

| | |
|--|---|
| <p>MC will pay in advance Once this section is complete (for advance only) send form to A/P to pay in advance</p> <p>_____ Room/Hotel **attach W9</p> <p>_____ Air, Bus, Rail Fare</p> <p>_____ Registration **EAP Y N (please circle)</p> <p>_____ Other</p> <p>\$ _____ Total</p> | <p>I will pay and expect reimbursement upon return Do NOT send if no advancement is to be made</p> <p>_____ Room/Hotel **attach W9</p> <p>_____ Air, Bus, Rail Fare</p> <p>_____ Registration **EAP Y N (please circle)</p> <p>_____ Other</p> <p>\$ _____ Total</p> |
|--|---|

SIGNATURES

| | | | |
|---------------------------------------|------------|--|------------|
| Requester _____ | Date _____ | President/Asst to the President/Provost _____ | Date _____ |
| Dept Chair/Immediate Supervisor _____ | Date _____ | Account Manager (if different from Supervisor) _____ | Date _____ |

ACCOUNTING FOR TRAVEL EXPENSES AFTER RETURN FROM TRIP

Supervisor's and Account Manager's approval are required prior to reimbursement. Please refer to Section [65001CP Policies and Procedures](#) Manual

| | | | |
|---|----------------------------|----------|------------------|
| Room _____ | Local Transportation _____ | \$ _____ | Less Advance |
| Air, Bus, or Rail Fare _____ | Meals _____ | \$ _____ | Due to College |
| Private Transportation (# of miles with proof) _____ | Other _____ | \$ _____ | Due to Requester |

PLEASE PROVIDE ORIGINAL RECEIPTS

| | | | |
|------------------------------|------------|---|------------|
| Supervisor's Signature _____ | Date _____ | Account Manager's Signature (if different from Supervisor) _____ | Date _____ |
|------------------------------|------------|---|------------|