

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
(Please circle status)		

Campus/Office/Dept _____

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

Destination _____

Reason for Travel _____	Brief Explanation (Trip Details) _____
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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>
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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 _____
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