

Bay Mills Community College
Travel Authorization
Advance Requisition

Employee Name: _____

Today's Date: _____

Travel Destination: _____

Travel Date(s): _____

Purpose of Travel (briefly explain where you are going and why)

Attach Meeting Agenda if Available

Method of Transportation:

Is any expense directly paid by another agency? (hotel, meals or transportation)	Yes	No
Is any expense reimbursable for another agency?	Yes	No
If so, who? _____		
What is their method of reimbursement?	Actual Expense	Per Diem Allowance
<i>Attach copies of reimbursement documentation</i>		

Professional Development Activities

Professional development includes a broad range of topics and activities that expands your professional knowledge, competence, skills, or effectiveness.

Is this travel for professional development? Yes No

When you come back from your trip, you will need to enter the professional development activity in Taskstream (www.taskstream.com) **before** receiving payment on the travel expense statement. Please provide the total cost of the training, a narrative explaining the nature of the professional development, what you learned, how it will benefit you at work, and specifically, how it will affect student success outcomes.

I agree to reconcile my travel expenses with this advance within 5 days of my travel date. Failure to file a travel statement and to repay any overage received will result in the total travel advance or overage being deducted from my next payroll check(s).

Employee Signature

Date

Supervisor Signature

Date

Program to be charged/GL account number

Amount

Accountant Initials (Ok on Program to Charge/Line Item)

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MILEAGE: Total miles _____

COMPLETE EITHER PER DIEM OR ACTUAL - NOT BOTH
EXCEPTION-USE STANDARD PER DIEM MEALS/INCIDENTALS (\$55 IN 2019) AND ACTUAL HOTEL COSTS

PER DIEM		HOTEL RECEIPT REQUIRED
Date and time of Departure	Date (m/d/yy) and Time (h:M tt):	_____
	Example:	7/11/19 4:06 PM
Date and time of Return	Date (m/d/yy) and Time (h:M tt):	_____
	Example:	7/12/19 8:15 AM
Total Number of Hours	_____ / 6 =	_____
Per Diem Rate from www.gsa.gov	_____ / 4 =	_____
Total Per Diem		_____

Per Diem Rate Information:
<https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>

ACTUAL	RECEIPTS REQUIRED
Total Hotel Costs	_____
Total Food Costs	_____
Total Incidentals	_____
Total Cost of Actual Expense	_____

MISCELLANEOUS (bridge, parking, taxi, etc.)

Item:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
Total Miscellaneous	_____

ADVANCE REQUISITION

Mileage	_____
Room & Meals	_____
If using Per Diem (90% on Advance)	_____ x 0.9 = _____
If using Actual	_____
Miscellaneous	_____
Total Advance Requested	_____