North Central State College
2441 Kenwood Circle
Mansfield, Ohio 44906

Travel Request Authorization Form 17-261a

(note: all dates are in mm/dd/yyyy formats)

Current Mileage Rate/IRS
$0.25

Name _____ Phone Ext. _____ Today's Date _____

Check One That Applies: ☐ Non-faculty ☐ Faculty ☐ Student/Other

Department _____ Account Code _____ Object Code _____

Destination _____ Departure Date _____ Return Date _____

Purpose of Trip: ☐ a. College Business ☐ b. Conference, Workshop, Seminar ☐ c. Other

Description _____

Other Employees Attending? ☐ No ☐ Yes If Yes, How Many? _____ Estimate Roundtrip Mileage _____

Air vs Ground Travel: If appropriate, please provide both estimated expenses if traveling by ground and estimated expenses if traveling by air for comparison purposes. Reimbursement will be made at the lesser rate of travel as stated in North Central State College Travel Reimbursement Policy.

Estimated College Paid Expenses (You wish the College to purchase in advance)

☐ Registration Fees (attach completed registration form and mailing instruction) _____

☐ Airfare (specify) _____ _____

☐ Rental Car (total estimated amount - can you use College fleet car?) Pickup date _____ return date _____ _____

Total Estimated College Paid Expenses **$0.00**

Details of Estimated Reimbursable Expenses (You plan to pay and then be reimbursed) **Estimated Costs**

Reimbursable Expenses

Method of Transportation

☐ College Fleet Car Reserved **(1st option - www.ncstatecollege.edu/facilities)**

☐ Rental Car Total Estimate (if applicable – check if you qualify for the College fleet car first) _____

☐ Personal Car Mileage _____ (Miles @ Current Mileage Rate) $0.00

☐ Airfare (Frequent Flyer miles may not be earned for this trip) _____

Lodging Number of Night(s) _____ @ Room Rate/Night _____ $0.00

If Conference, workshop, or seminar, please attach related brochure documenting hotel rates to your request

Registration Fees (please plan accordingly to take advantage of any "Early Bird" registration discount) _____

Meals (specify) _____ _____

Parking/Toll/Taxi/Shuttle Fare (specify) _____ _____

Other (describe) _____ _____

Total Estimated Reimbursable Expenses **$0.00**

Grand Total Estimated Travel Expenses

$0.00

Please attach the conference program and completed registration form. Sign and forward this travel request to your supervisor for approval. For faculty, if the event falls on a scheduled teaching day, also submit a Request for Leave Form with this request and tentative plans to cover your classes. PLEASE REMEMBER ALL TRAVEL MUST BE PREAPPROVED.

Group Travel Only - Advance Requested? ☐ Yes ☐ No Amount _____ Date Needed _____

Business Office Use Only: Advance Account No.: _____ Advanced Amount _____

APPROVAL SIGNATURES

Traveler _____ Date _____

Supervisor _____ Date _____

Division VP _____ Date _____

VP Business & Administrative Services _____ Date _____

Receipts (including detailed lodging receipt, meal receipts and flight itinerary) must be provided when reimbursement request is submitted (Form 17-261c). A brochure or material must be provided for the conference, workshop or seminar that details the expenses covered (e.g., registration fees, books, tapes and meals). Note: Please make sure the approved form is sent to the Business Office at least 21 days prior to the registration due date. **Please return a copy of this approved form with any reimbursement request within 30 business days after your return.**

TREASURER'S CERTIFICATE: It is hereby certified that both at the time of the making of this contract or order and at the date of the execution of this certificate, the amount required to pay this contract or order has been appropriated for the purpose of this contract or order and is in the treasury or in the process of collection to the credit of the appropriated fund, free from any previous encumbrance.