

\* This form is in the department office file cabinet or online by going to MCC's homepage, click employees, click mce forms, login, click arrow by controller's office, and click on the form you need. (It's ok that the online form has no carbon copies.)

TRIP NO. \_\_\_\_\_ (Fiscal Office)  
 CHECK IF FOR INSURANCE PURPOSES ONLY

**PRIOR APPROVAL TRAVEL REQUEST**  
**Travel & Conference Expenses**

SAMPLE

Mr. Right Triangle  
 NAME OF TRAVELER  
 Utica, NY  
 DESTINATION  
 Employee # m00001234

Mathematics  
 DEPARTMENT NAME  
 4/8/06 8 Am  
 DEPARTURE DATE/EST. TIME  
 1234  
 EXTENSION  
 4/9/06 5 pm  
 RETURN DATE/EST. TIME

used to determine per diem

the controller's office wants us to add this  
 \* ESTIMATED EXPENSES: TOTAL AMOUNT

EXPENSE DISTRIBUTION

	TOTAL AMOUNT	DEPARTMENT NO. 1	\$	DEPARTMENT NO. 2	\$
Registration/Conference Fees	\$ 35.00	* you MUST include a	program	(ie list of talks) for the	conference
Travel	\$	* use mce travel agent or	include documentation for flight	(proof of payment)	(needed later)
Mileage (at current rate) <b>ROUNDTrip!</b> 293.68 @ \$0.445	\$ 121.34	* use mileage from chart	(in folder with these forms or online)	or MapQuest with roundtrip from MCC	or from home if it's Sat or Sun
Lodging	\$ 80.00	* include documentation			
Per Diem	\$ 45.00	* check prof. dev. form for	rates & times	* not necessary to turn in	food receipts
Miscellaneous tolls \$8.10 misc \$10	\$ 18.10	* like tolls, airport shuttles, or taxis		* you can include some	extra \$ here
<b>TOTAL</b>	<b>\$ 299.44</b>	* check arithmetic ☺		* if you don't use it,	just don't

PURPOSE OF TRAVEL: NYSMATYC conference put it on the expense report

WILL YOU BE REQUESTING THE COLLEGE TO PAY YOUR TRANSPORTATION COSTS DIRECTLY THROUGH A COLLEGE-DESIGNATED AGENCY?  
 IF SO, INSTRUCT AGENCY TO CONTACT CONTROLLER'S OFFICE TO OBTAIN BILLING AUTHORIZATION.  YES  NO

WILL YOU BE REQUESTING THE COLLEGE TO PRE-PAY ANY INDICATED REGISTRATION FEE? IF YES, PLEASE SEE BELOW.  YES  NO

PLEASE COMPLETE PRE-PAY REGISTRATION INFORMATION BELOW. ONLY TYPED OR PRINTED INFORMATION WILL BE PROCESSED

ORGANIZATION: \* Submit this form with documentation plus 3 more copies of everything to the chair of the professional development committee.  
 ADDRESS: \_\_\_\_\_  
 DATE REQUIRED: \* Take a tax-exempt certificate with you if it's in-state. The forms are in the department office file cabinet in a "tax exempt forms" folder.

**FISCAL OFFICE ONLY**

VENDOR: \_\_\_\_\_  
 TRIP NO.: \_\_\_\_\_  
 ACCT: \_\_\_\_\_  
 AMT.: \$ \_\_\_\_\_  
 APPROVED: \_\_\_\_\_

TRAVELER MUST ATTACH APPROPRIATE DOCUMENTATION IN SUPPORT OF PROPOSED TRIP. ENTIRE REQUEST MUST BE RECEIVED IN CONTROLLER'S OFFICE AT LEAST THREE WEEKS PRIOR TO DEPARTURE DATE. TRAVELER WILL FORFEIT PRE-PAID PRIVILEGE IF REQUEST IS NOT RECEIVED THREE WEEKS PRIOR TO REGISTRATION FEE DUE DATE. TRAVELER MUST SUBMIT TRAVEL CONFERENCE AND EXPENSE REPORT WITH ORIGINAL RECEIPTS WITHIN TEN DAYS OF RETURN.

TRAVELER Mr. Right Triangle DATE 3/5/06  
 CHAIR, DIRECTOR, DEAN \_\_\_\_\_ DATE \_\_\_\_\_  
 GRANTS OFFICE (IF APPLICABLE) \_\_\_\_\_ DATE \_\_\_\_\_  
 DEAN/VICE PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

**FISCAL OFFICE ONLY**

ENCUMBRANCES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
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