**TRAVEL AUTHORIZATION WORKSHEET**

|  |  |
| --- | --- |
| Date of Request | Enter Current Date |
| Division | Enter Department or Division |
| GL Account Number | Enter Department or DivisionGL Number |
| Full Legal Name of Traveler | Enter Full Legal Name as Appears on Driver’s License |
| Employee ID Number | Enter OCCC Employee ID Number |
| Traveler’s Date of Birth | Enter Traveler’s Date of Birth |
| Traveler’s Cell Phone No. | Enter Cell Phone Number (Required) |
| Title of Conference | Title of Conference |
| Date(s) of Conference | Dates of Conference |
| Requested Dates/Times of Travel | Enter any specific time/date travel requests |
| Location (Include Street Address) |  |
| Conference Website |  |

**TRAVEL BUDGET REQUEST**

(Any expenditure for reimbursement must be listed below.)

* OCCC should pay registration, hotel and airfare unless being covered by an outside OCCC grant.
* If you need a flight cost estimate, please email Travel@occc.edu.

|  |  |  |
| --- | --- | --- |
| Registration Fee | Self Paid:  OCCC Pays:  (Reimbursement) (up front) | Is registration covered by Grant Funds? Yes:  No:  Name of Grant: Enter Grant |
| Name of Conference Hotel (include taxes) | Hotel Name:  Total for Hotel (Including Fees  And Taxes: $ Total Hotel Cost |  |
| Transportation (Please Choose One)  \*If there is to be mileage reimbursement for travelers taking personal vehicle, please note at the right (**NOTE**: mileage cannot exceed the cost of airfare). | \*Airfare (Self Paid):  Airfare (OCCC Pays):  Personal Vehicle:  Tag#  OCCC Fleet Vehicle:  Tag# | Flight Cost Estimate: $  \*\*Any mileage allowance?  Yes  No |
| Anticipated Airport Parking/Baggage Fees |  |  |
| Anticipated Taxi/Shuttle Fees |  |  |
| Per Diem Total (Estimated Total) https://www.gsa.gov/travel/plan-book/per-diem-rates |  | Daily Per Diem Amount x Number of Days  Click or tap here to enter text. |
| Total Travel Amount Requested |  |  |
| Total Travel Approved (whether full or partial. If approved amount to be paid from grant fund, please note below:  Name of Grant | $ Total Approved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval Signature | Date of Approval  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Any Special Instructions? | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

\*OCCC Travel Coordinator should book airfare. Self-paid airfare requires approval and is not reimbursable if traveler benefits from frequent flyer miles unless miles are used to offset future OCCC travel cost.

\*\*Mileage reimbursements for personal vehicle are allowed if a campus vehicle is not available.