



# Travel Report

<b>Name</b>		<b>Account Number:</b>	
<b>Purpose</b>		<b>Department:</b>	
<b>Event Location</b>		<b>Approvers Signature:</b>	

<b>Date:</b>	<b>Departure Time:</b>	<b>Return Time:</b>	<b>Signature:</b>
			<b>Date:</b>

Expenses	Dates					Amount
<b>Transportation</b>		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi / Uber	<input type="checkbox"/> Rental car	<input type="checkbox"/> Shuttle	
		<b>BAGGAGE FEES:</b>				
		<b>PARKING FEES:</b>				
<b>Airline Tickets</b>						
<input type="checkbox"/> Personal Vehicle		<b>Mileage (include map quest):</b>				
<input type="checkbox"/> CCC Fleet Vehicle		<input type="checkbox"/> CCC GAS CARD				
<b>Lodging</b>		<b>Location:</b>				
<b>Conference / Registration Fee</b>						
<b>Meals</b>						
<i>Breakfast</i>		<b>Actual Cost, Meal Provided or Perdiem:</b>				
<i>Lunch</i>		<b>Actual Cost, Meal Provided or Perdiem:</b>				
<i>Dinner</i>		<b>Actual Cost, Meal Provided or Perdiem:</b>				
					<b>Subtotal</b>	
					<b>Less amount paid by Colby Community College</b>	
					<b>Total reimbursement owed to employee</b>	

PLEASE ATTACH ITEMIZED RECEIPTS FOR ALL EXPENSES LISTED, SIGN THE FORM AND RETURN TO THE BUSINESS DEPARTMENT