

In-State     Out-of-State

Coastal Carolina Community College

Reimbursement of Travel and Other Expenses Incurred

**Instructions to Claimant:** Attach all necessary receipts and other supporting documents to this form and submit it along with the original "Travel Authorization" form.

**Form must be submitted no later than 10 calendar days after return.**

Name: \_\_\_\_\_ Travel Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Air Fare: \_\_\_\_\_ Rental Car: \_\_\_\_\_ Private Car/Miles: \_\_\_\_\_ Total Mileage \_\_\_\_\_

Date: _____		Lodging: _____		_____	
Departure Time: _____	Meals:    B: _____    L: _____    D: _____		_____		
Departure Place _____	Other: _____		_____		
Return Time: _____	Other explanation (Telephone Calls, Taxi, Parking, etc.) _____		_____		
					<b>Day 1 Total:</b> _____

Date: _____		Lodging: _____		_____	
Departure Time: _____	Meals:    B: _____    L: _____    D: _____		_____		
Departure Place _____	Other: _____		_____		
Return Time: _____	Other explanation (Telephone Calls, Taxi, Parking, etc.) _____		_____		
					<b>Day 2 Total:</b> _____

Date: _____		Lodging: _____		_____	
Departure Time: _____	Meals:    B: _____    L: _____    D: _____		_____		
Departure Place _____	Other: _____		_____		
Return Time: _____	Other explanation (Telephone Calls, Taxi, Parking, etc.) _____		_____		
					<b>Day 3 Total:</b> _____

Total reimbursement pages 1 & 2: \_\_\_\_\_ Total reimbursement page 1: \_\_\_\_\_

Less CCCC Credit Card Payment: \_\_\_\_\_

Less Travel Advance: \_\_\_\_\_

**Net Reimbursement:** \_\_\_\_\_

We have examined this reimbursement request and certify that it is a true and accurate statement of expenses incurred.

Claimant	Date	Supervisor	Date
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Director/Division Chair	Date	Vice President	Date
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Comptroller	Date	President	Date
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Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Departure Place: \_\_\_\_\_

Return Time: \_\_\_\_\_

Other explanation (Telephone Calls, Taxi, Parking, etc.) \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: B: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_

Other: \_\_\_\_\_

**Day 4 Total:** \_\_\_\_\_

Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Departure Place: \_\_\_\_\_

Return Time: \_\_\_\_\_

Other explanation (Telephone Calls, Taxi, Parking, etc.) \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: B: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_

Other: \_\_\_\_\_

**Day 5 Total:** \_\_\_\_\_

Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Departure Place: \_\_\_\_\_

Return Time: \_\_\_\_\_

Other explanation (Telephone Calls, Taxi, Parking, etc.) \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: B: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_

Other: \_\_\_\_\_

**Day 6 Total:** \_\_\_\_\_

Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Departure Place: \_\_\_\_\_

Return Time: \_\_\_\_\_

Other explanation (Telephone Calls, Taxi, Parking, etc.) \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: B: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_

Other: \_\_\_\_\_

**Day 7 Total:** \_\_\_\_\_

Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Departure Place: \_\_\_\_\_

Return Time: \_\_\_\_\_

Other explanation (Telephone Calls, Taxi, Parking, etc.) \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: B: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_

Other: \_\_\_\_\_

**Day 8 Total:** \_\_\_\_\_

**Total reimbursement page 2:** \_\_\_\_\_