Coastal Carolina Community College
Travel Authorization

GL Code: _____

(●) In-State ( ) Out-of-State

I. REQUEST FOR TRAVEL

Name: _____ Department & Title: _____

Departure Date & Time: _____ Return Date & Time (estimated): _____

Destination (City/State): _____ Purpose (Attach documentation, i.e., agenda, letter, etc.): _____

II. ESTIMATED EXPENSES (Itemize -lodging, meals, registration, etc.)

Registration Fee: _____ Payable to: _____

Lodging: _____ (Rate per day) + _____ (Amount of tax per day) X _____ (No. of Days) = $0.00 (Lodging Total) Rooming with: _____

Private Car/Miles: _____ (No. of Miles) $0.00 (Total) Mode of transportation: _____ (i.e. POV, Institution vehicle, Riding with (Name of driver))

Airfare: _____ Meals: Breakfast ____ Lunch ____ (Quantity) Dinner ____ Total: $0.00

Other Amount: _____ Other explanation: _____

In-State Expenses:	Lodging: $89.10	Breakfast: $10.10	Lunch: $13.30	Dinner: $23.10
Out-of-State Expenses:	Lodging: $105.20	Breakfast: $10.10	Lunch: $13.30	Dinner: $26.30

Total Estimated Expenses: $0.00

III. REQUEST FOR ADVANCES: (Include all expenses to be advanced on your behalf.)

(Advance must be greater than $50. All excess advances must be repaid at the time the employee is reimbursed for actual travel expenses.)

Amount	Payee	Purpose	Date Needed

IV. APPROVAL/SIGNATURES:

Traveler certifies that any mileage claimed will be for official institutional travel and will take place in a vehicle properly licensed and insured as required by law.

Traveler	Date	Supervisor's Approval	Date
Director/Division Chair Approval	Date	Comptroller's Approval	Date
Vice President's Approval	Date	President's Approval	Date

A Reconciliation of Travel Expenses form, together with the original Travel Authorization and related receipts, must be submitted within 10 calendar days of return date.

Revised: 01/06/2025