

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

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

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

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
_____	_____	_____	_____
Director/Division Chair	Date	Vice President	Date
_____	_____	_____	_____
Comptroller	Date	President	Date

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: _____