NORTHERN OKLAHOMA COLLEGE
REQUEST FOR TRAVEL

This form is required for all travel if a travel claim is to be filed for expenses.

***Directions*:**

Please complete the information indicated below and obtain the approval of the department/division chair and Vice President applicable to the corresponding area. The form must then be directed to the President's office for the final signature. This form should be submitted to the Auxiliary Accountant in Tonkawa at least two weeks prior to your planned first date of travel. Proof of cost estimates and supporting documentation should be included with the request packet. The Auxiliary Accountant will email a copy of approval or denial of the packet.

A Request for Travel Reimbursement form and all documentation must be submitted to the Auxiliary Accountant in Tonkawa. Original signed receipts for lodging, registration, etc. are required to be turned in with the Request for Travel Reimbursement form. State law limits per diem and hotel expenses. The mileage rate on private cars is set by federal and state guidelines.

Date of Request: _____ Name: _____ Phone #: _____

Travel Destination: _____

Purpose of Proposed Travel: _____

_____

Date of Departure: _____ Date of Return: _____

Time of Departure: _____ Time of Return: _____

Emergency Contact & Number: _____

Mode(s) of Travel: _____

Other Person(s) also Traveling Include: _____

_____

Arrangements Made for Courses & Other Duties: _____

Requester Signature: _____ Date

Federal Award #: _____ Grant Director's Approval: _____

Estimated Cost of Trip (Attach Documentation)

Transportation:

College Vehicle: _____ Miles X $ _____ Per Mile = $ _____

Personal Vehicle: _____ Miles X $ _____ Per Mile = $ _____

Flight(s): _____ = $ _____

Provided Meals: _____

Breakfast _____ Days X $ _____ Per Day = $ _____

Lunch _____ Days X $ _____ Per Day = $ _____

Dinner _____ Days X $ _____ Per Day = $ _____

Total Meals _____ Total = $ _____

Lodging: _____ Nights X $ _____ Per Night = $ _____

Other Costs (Registration, Parking, etc.) _____ = $ _____

Total Estimated Cost: = $

Per Diem Rate $ - Meal Total $ = Total Per-Diem $

Recommended by: _____ _____
Department/Division Chair Signature Date Division/Department

Vice President's Approval: _____ Date

President's Approval: _____ Date

Accounts Payable Use Only

Budget Verification: _____ Budget $ _____ _____
(Initials) Date