NORTHERN OKLAHOMA COLLEGE Tonkawa - Enid - OSU/NOC Gateway Stillwater

REQUEST FOR TRAVEL REIMBURSEMENT

Part I Trip Information

NAME: _____

DID YOU USE NOC VEHICLE? ☐ Yes ☐ No

PURPOSE OF TRIP: _____

DATE(S) OF ACTUAL MEETING(S): from _____ , 26 _____ to _____ , 26 _____

MEETING TIMES: from _____ AM or PM to _____ AM or PM *(Always attach agenda/brochure/flyer)*

CITY & STATE: _____

TRAVEL STATUS BEGAN: _____ , 26 HOUR: _____ AM or PM

TRAVEL STATUS ENDED: _____ , 26 HOUR: _____ AM or PM

Part II Expenses (Do not claim any item paid by College Purchasing Office)

$_____ *** Total cost of LODGING.** *Maximum varies by city. Receipt must show zero balance and number of persons in room and must be signed. Reimbursement limited to single room rate. Ask clerk to list single room rate.* WAS HOTEL/MOTEL DESIGNATED MEETING PLACE FOR CONFERENCE? _____ ☐ YES** or _____ ☐ NO

WAS HOTEL/MOTEL ROOM AT SINGLE RATE? _____ ☐ YES or _____ ☐ NO

$_____ **** Registration fee.** *Per Diem maximum will be reduced for meals provided by registration.*

$_____ *** Toll Road Charges.**

$_____ *** Parking Charges.** $ _____* **Other (describe):_____**

* For these items, signed receipts must be attached. **Must be supported by copy of conference agenda/brochure/flyer.

Part III Mileage Reimbursement

From _____ _____(City, State)

If traveling to meet other employees, please indicate the points at which this occurred:

From _____(City, State) to _____(City, State) & Return

TO BE COMPLETED BY FINANCE OFFICE

Total miles: _____@ $0.76 per mile = $_____ (Rate change 1-1-26)
(Mileage reimbursement rate usually changes each January 1)

Number of meals provided:
Breakfast___ @_____ Total $_____ Lunch___@_____ Total $_____ Dinner ___@_____ Total $_____

First Date of Travel Total_____ Last Date of Travel Total_____ Other Per-Diem Days:____@_____ Total $ _____

Per-Diem rate $_____ Base rate $ _____ Meals $_____ = Total Per-Diem $_____

Total Amount of Claimed Approved: $_____ Notes: _____

GL Account Number _____

SIGNATURE: _____ TODAY'S DATE: _____