

Alamo Colleges Student Travel Authorization Form Overnight Trip Only

Advisor Name:	Campus:
Advisor's Banner ID (VIN):	Date:
Dept Name:	Phone:
Dept. Account:	Departure Date:
Destination:	Return Date:

Item 1:	Purpose for trip, destination, date, etc.
Description:	

Item 2:	Total Estimated Expenses	\$	-		Travel Advance: Yes _____ No _____
	<u>Prepaid</u>		<u>Reimbursable</u>		
	(Paid by AC)		(Pd by Traveler)		Cash (up to \$300) _____ (Check One)
Registration (71654)	-	or	-		Check _____
Airfare (73013 USA, 73002 INTL)	-	or	-		Dir Dep _____ (**)
Mileage (73011, 73012)	-		-		** For Direct Deposit, complete the A/P Direct Deposit form upon initial request. Direct Deposit will take apx. two weeks from the date submitted to become effective.
Lodging (73015 USA, 73004 INTL)	-	or	-		
Car Rental (73014 USA, 73003 INTL)	-	or	-		
Other (73017 USA, 73006 INTL)	-		-		
Meals: (73016 USA, 73005 INTL)	-		-		
Enter Per Diem →	\$	46.00			For Accounts Payable and Bursar Office Purposes only:
Overnight:					Direct Pay Invoice Number: _____
*Departure Date	50% of Per Diem		23.00		Credit Memo Number: _____
*# of Full Days			-		Advance Amount: _____ Date: _____
*Return Date	50% of Per Diem		23.00		Direct Pay Charge Accounts
To Calculate Per Diem, Enter Number of Students if applicable					Bursar's Notes:
Amount of Per Diem for Group	\$		-		Campus
Payment by 3rd party organization or grant			-		Fund/Account
Subtotals	\$	-	\$	-	DIST/CESC
Available for Travel Advance:					SAC
Student =100%	Enter %		100%		SPC/SWC
Maximum available for Travel Advance			-		PAC
					NVC
					NEC
Be as accurate as possible. All requests for reimbursements > 10% of the original request will need an adjusted travel authorization.					Recipient Acknowledgement of Cash Advance:
*Nonovernight travel receives 25% of per diem. Overnight departure/return days receive 50% of per diem. See website right hand column.		GSA - Domestic Per Diem Rates			

Requester's Certification: I understand if I request a travel advance, a check, direct pay, or cash (up to \$300) will be generated in my name. A credit memo for the amount of the travel advance will be entered in the accounting system. I understand I must submit the approved Travel Expense Statement within 10 working days from the date I return from the trip. After the 10 days, any and all Accounts Payable payments processed will be applied to the credit memo until the amount of the travel advance is settled. I authorize the District to deduct all travel advances owed from my paycheck to settle any outstanding balance not repaid within 30 days of the date I return.

Signature : _____
Employee _____ Printed Name _____

Approved: _____
Budget Manager _____ Printed Name _____

Approved: _____
In-State travel requires Dean, Director, or Associate Vice Chancellor Signature _____ Printed Name _____

Approved: _____
Out-of-State travel requires President, Vice Chancellor, or Chancellor Signature _____ Printed Name _____

Date _____

Date _____

Date _____

Date _____