

**AUTHORIZATION FOR PRCC TRAVEL,  
ADVANCE FUNDS, OR TRANSPORTATION**

**AUTHORIZATION  
ADVANCE FUNDS  
TRANSPORTATION**

**DISTRIBUTION:**

**O/EMPLOYEE    C/ADMINISTRATOR    C/SUPERVISOR    C/ACCOUNTS PAYABLE    C/TRANSPORTATION**

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**For office use only:**

**Date Received:    Supervisor \_\_\_\_\_    Administrator \_\_\_\_\_    President \_\_\_\_\_**

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This form requires the signature and date of approval of your immediate supervisor/administrator. Indicate applicable request(s) in the upper right corner (Authorization, Advance Funds, and/or Transportation).

After approval, your supervisor/administrator will complete the route process. **If you need advance funds\*, a copy of this request will be forwarded to Accounts Payable. The original form will be returned to you to attach to the back of your reimbursement voucher. \*A one-week notice must be given when requesting transportation and/or advance funds.**

To request reimbursement for expenses resulting from this request, **this original form** must be attached to the back of a completed, approved reimbursement voucher. (The reimbursement voucher must then be routed for approval in the same manner as this form.)

<b>Employee Name</b>	<b>Department</b>
<b>Requesting Travel to</b>	
<b>For the Purpose of</b>	
<b>Departing (date)</b>	<b>(time)</b>
<b>Returning (date)</b>	<b>(time)</b>
<b>Need a College Vehicle? Yes    No</b>	<b>Need a Driver Supplied by the College? Yes    No</b>
<b>Number of Passengers:    *Staff:</b>	<b>*Students:                      Others:</b>
	<b>*Attach a list of <u>ALL</u> anticipated passengers.</b>

**Estimated Expenses:**

<b>Airfare</b>	
<b>Auto Mileage</b>	<b>@ 50c</b>
<b>Lodging</b>	<b>days @</b>
<b>Meals</b>	<b>days @</b>
<b>Registration</b>	
<b>Other Fees, Miscellaneous</b>	

**TOTAL ESTIMATED EXPENSES . . . . .**

**Approved By:**

**Supervisor \_\_\_\_\_ Date**

**Administrator \_\_\_\_\_ Date**

**Vice President (required for out-of-state travel) \_\_\_\_\_ Date**