

LORAIN COUNTY COMMUNITY COLLEGE

TRAVEL APPROVAL & EXPENSE REPORT

EMPL ID or SSN# _____

Name: _____

Address: _____

City, State, Zip: _____

INVOICE	AMOUNT	ACCOUNT #
	\$ -	
	\$ -	
	\$ -	
\$ -		TOTAL

Per Diem Rates as of July 1, 2015			
\$ 0.520	\$ 7.00	\$ 10.00	\$ 25.00

DATE	TRAVEL POINTS			INCLUDE TIME OF DEPARTURE & RETURN WHEN CLAIMING MEALS		LODGING	PERSONAL CAR		MEALS			MISCELLANEOUS EXPENSES	
	FROM		TO	DEPART	RETURN		MILES	AMOUNT	BREAKFAST	LUNCH	DINNER	DESCRIPTION	AMOUNT
SUB TOTAL :							\$ -	0.00	\$ -	0.00	0.00	0.00	\$ -

NOTIFY ADMINISTRATOR PRIOR TO TRAVEL			
PURPOSE : _____			
LOCATION : _____			
FROM: _____	TO: _____	ESTIMATED COST: \$ _____	
ADMINISTRATOR'S SIGNATURE			DATE: _____

INCLUDE VENDOR NAME IF PREPAID BY LCCC		\$ -
REGISTRATION FEES:		
AIR FARE:		
Others traveling in same car/comments	TOTAL ATTACHMENT(S)	\$ -
	LESS PREPAYMENT(S)	
	DUE EMPLOYEE	\$ -

TRAVEL APPROVAL & CERTIFICATION: I certify that the statements made hereon are true, that all expenses are for official college business, and, if traveling by personal car, I carry auto liability insurance pursuant to Ohio Revised Code Section 4509.51

Check Box if you want to

Pick-Up Check

Fiscal Officer's Approval: I hereby certify that the amount required to meet the payment of this Contract in the amount has been lawfully appropriated for such purpose and is in the Treasury or in the process of collection.

\$ -

Initiator's Signature	Date	Administrator's Signature	Date	Fiscal Officer or Designator's Signature	Date
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Information on reimbursable expenses can be found on the following web sites: <https://campusnet.lorainccc.edu/resources/policy/Policies%20and%20Procedures/pol3-320.docx> and <https://campusnet.lorainccc.edu/resources/policy/Policies and Procedures/pol3-320>.