

Request for Travel Authorization

NECC

Northern Essex Community College

Date

Name

NECC ID #

Depart date

Return date

Purpose of travel

Estimated expenses

Air fare or other transportation	<input type="text"/>
Accommodations	<input type="text"/>
Registration fee	<input type="text"/>
Meals	<input type="text"/>
Other	<input type="text"/>

Total

Request for travel advance

Yes No

If yes, issue 80% of total estimated expenses (minimum advance allowed \$100)

Total advance

Funding source

Index #

Index # description

Employee's signature

Date

Authorized signature

Date

For Accounting & Finance Use

Banner invoice #

Date issued

Check #

**Send completed form to
Accounts Payable, B201
x3811**

I hereby acknowledge the receipt of an advance check in the amount of \$ _____ from NECC. I promise to submit a travel expense voucher with receipts for expenses incurred with this advance within 30 days after the travel is complete. I shall return any unused amount from this advance.

Employee's signature