

**TRINITY VALLEY COMMUNITY COLLEGE
EXPENSE REPORT**

NAME _____ CAMPUS/DEPT _____
DESTINATION* _____ PURPOSE _____
Dates of Travel _____ Travel Destination City: _____ State: _____

		ADVANCE PAYMENTS	ACTUAL EXPENSES	BALANCE (Col. 1 - Col 2)
TRANSPORTATION (550110 OR 550210)				
1. Personal Vehicle Mileage	# of miles driven _____ If TVCC vehicle isn't available, attach the VRF form & use current state rate. Otherwise use .30 per mile.			
2. Inst. Vehicle	Gasoline purchased for TVCC vehicle Charge to Acct: 11-24-46005-551123-01)			
3. Fares	Airfare, baggage fees, etc.			
4. Car Rental	Attach receipts for rental and fuel purchased for rental			
5. Misc. Transportation Costs	Parking, tolls, taxi,uber or shuttle			
LODGING (550115 OR 550215)				
	Attach receipts for hotel			
Meals (550120 or 550220)				
	GSA Per Diem Rates 1st / Last Day of Travel 75% of rate (Students \$12 per meal/ \$36 per Day)			
REGISTRATION (550300)				
	Attach registration form			
OTHER TRAVEL EXP (550125 or 550225)				
	Attach receipts for expenses			
CHARGES TO COLLEGE CREDIT CARD: Column 1 & 2 should be identical				
Total Each Column:				

AMOUNT DUE TO TVCC _____ AMOUNT DUE TO EMPLOYEE _____
Receipt #: _____ Check #: _____

DEPARTMENT ACCOUNT #S CHARGED FOR AMOUNT DUE TO TVCC OR TO EMPLOYEE			
ACCT #	\$	ACCT #	\$
ACCT #	\$	ACCT #	\$
ACCT #	\$	ACCT #	\$
Special Instructions: _____			
Requestor - Required	Date	Controller	Date
Approver (i.e. Div Chair/Director):	Date	Vice President - Required	Date
Approver (i.e. AVP, Provost):	Date	*President	Date
** Travel Expense Report MUST be submitted within 10 days of return		*Out of state travel must be approved by President Effective 9/2024	