

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