

**TRINITY VALLEY COMMUNITY COLLEGE
REQUEST FOR ADVANCE**

NAME _____ CAMPUS/DEPT _____
 DESTINATION* _____ PURPOSE _____
 DEPARTURE DATE** _____ RETURN DATE** _____

TRANSPORTATION (550110 or 550210)	
1. Personal Vehicle Mileage # of miles _____ (If no TVCC vehicle available, attach VRF form and use current state rate. Otherwise use .30 per mile.)	\$
2. Inst. Vehicle Gasoline purchased for TVCC vehicle (Chg to acct 11-24-46005-551123-01)	\$
3. Fares Airfare, baggage fees, etc	\$
4. Car Rental Attach documentation for rental	\$
5. Misc. Transportation Costs Parking, tolls, taxi, uber or shuttle	\$
LODGING (550115 or 550215)	
If no hotel expense, please indicate if you are sharing a room or staying with friends/family	\$
MEALS (550120 or 550220)	
Per Diem/Incidentals # of Breakfasts (\$10) _____ # of Lunches (\$14) _____ # of Dinners (\$18) _____ # of Students (\$10) _____	\$
REGISTRATION (550300)	
Please attach copy of registration form.	\$
MISC TRAVEL EXP (550125 or 550225)	
	\$
CHGS TO COLLEGE CREDIT CARD: (specify)	
	\$
TOTAL ADVANCE	\$

Please write check(s) to:

Payee: _____	Payee: _____
Address: _____	Address: _____
City/State/Zip _____	City/State/Zip _____
Amt of Check - \$ _____	Amt of Check - \$ _____

ACCT # _____ \$ _____	ACCT # _____ \$ _____
ACCT # _____ \$ _____	ACCT # _____ \$ _____
ACCT # _____ \$ _____	ACCT # _____ \$ _____
Voucher # _____	Voucher # _____
Check # _____	Check # _____

Special Instructions:

Requestor _____	Controller _____
Date _____	Date _____
Supervisor _____	*President _____
Date _____	Date _____
Vice President _____	Date _____

** Travel Expense Report MUST be submitted within 15 days of return *Out of state travel must be approved by President
 Revised 02/2023