AUSTIN COMMUNITY COLLEGE DISTRICT

Business Services

Travel Expense Report

Name	Datatel ID No.	Campus	Contact Phone No.

Destination	Departure Date	Return Date	Account Number

Reason for Travel: ☐ Conference: Name/Sponsor: _____ ☐ Other: _____

Note: Please attach agenda or literature on conference or meeting attended.

Expenses	CHECK APPLICABLE BOX					Amount
	Personal Payment	ACC Travel Agency	PCARD	Purchase Order	Travel Card	
Airfare:						$
Round-Trip Mileage:	_____ miles @ $0.51 per mile					$ 0.00
Other Transportation: ☐ Taxi ☐ Parking ☐ Tolls ☐ Shuttle ☐ Car Rental						$
Registration:						$
Lodging:						$
Meals (Per Diem or Actual)						
Per Diem Meals:	Departing & Returning Days: 2 x 75% @ $46 per day = $69					$
	Additional Days: _____ @ $46 per day					$ 0.00
Actual Meals:						$
Other Travel Expenses (specify):						
						$
						$
						$
				Total Actual Travel Expenses:		$ 0.00

Deduct:	**Total Amount charged on Travel Card:**	$
	Total Amount ACC Travel Agency:	$
	Total Amount PCARD:	$
	Total Amount Purchase Order:	$
	Total Amount Reimbursed/(Owed):	$

All original receipts are required to be submitted with report for any purchases made on the Travel Card.

Please submit report, receipts,conference agenda and Travel Card to the Accounts Payable Department at SVC within 14 days after the date of travel. For more detailed information, refer to: Travel Guidelines and Procedures: www.austincc.edu/admrule/7.03.001.htm.

_____ Requestor's Signature _____ Date

_____ Approved: Supervisor (Print) _____ Signature _____ Date

_____ Approved: Budget Authority (Print) _____ Signature _____ Date

Reset