



Keweenaw Bay Ojibwa Community College

111 Beartown Rd
P.O. Box 519
Baraga, MI 49908

www.kbocc.edu
Phone: (906)524-8400
Fax: (906)524-8106

"Catch Your Dream Through A Superior Education"

TRAVEL AUTHORIZATION ADVANCE

PAYABLE TO _____

PROGRAM _____ **DATE RECEIVED** _____

DEPARTURE DATE _____ **HOUR** _____ **RETURN DATE** _____ **HOUR** _____
AREA OF TRAVEL _____

PURPOSE OF TRAVEL _____
(attach agenda, letter of invite, etc.)

CONTACT PERSON AND NUMBER _____
WHERE YOU CAN BE REACHED _____

* * * *

ESTIMATED TRAVEL COSTS:

Personal Vehicle Mileage: _____ Miles @ \$0.____ Per Mile	\$ _____
Airline Fare (If not paid in advance) payable to:.....	\$ _____
_____ Nights Hotel @ \$ _____	\$ _____
Per Diem: _____ Quarters @ \$ _____ Per Quarter	\$ _____
Other Expenses: (Cabfare – Car Rental – Parking Fee – Bridge)	\$ _____

REGISTRATION FEE Payable to: _____

Total Travel Advance Request..... \$ _____

I understand that expenses must be substantiated by receipts, which are to be submitted to the Accounting Office with five (5) working days of return, or costs will not be reimbursed. Any unsubstantiated expenses are subject to deduction from my payroll check. If actual expenses are less than amount advanced, the difference must be returned to the Keweenaw Bay Ojibwa Community College. Travel approval is subject to budget compliance and availability of funds.

REQUESTED BY: _____
Signature of Employee

APPROVED BY: _____
Department Head

and/or _____
KBOCC President