



Keweenaw Bay Ojibwa Community College
 111 Beartown Rd www.kbocc.org
 P.O. Box 519 Phone: (906) 353-4600
 Baraga, MI 49908 Fax: (906) 353-8107

"Catch Your Dream Through A Superior Education"

TRAVEL REPORT

PAYABLE TO _____
 PROGRAM _____ DATE _____
 DEPARTURE DATE _____ HOUR _____ RETURN DATE _____ HOUR _____
 AREA OF TRAVEL _____
 PURPOSE OF TRAVEL _____

(attach agenda, letter of invite, etc.) _____

ACTUAL TRAVEL COSTS

Personal Vehicle Mileage: _____ Miles at \$0. _____ per mile	Gas Receipts	\$ _____
Airline Fare (Attach copy of ticket).....		\$ _____
Per Diem (Attach copy of hotel/motel receipt for period of 18 hours or more) _____ Nights hotel @ \$ _____		\$ _____
_____ Qtrs. @ \$ _____ per Qtr.		\$ _____
	Meal Receipts	\$ _____
Other Expenses: (Attach Receipts)	Bridgfare.....	\$ _____
	Cabfare.....	\$ _____
	Parking Fee.....	\$ _____
	Car Rental.....	\$ _____
	Registration Fee.....	\$ _____
	Other.....	\$ _____
	Total.....	\$ _____

****TOTAL TRAVEL COSTS:**\$ _____
 Less Travel Advance (Check Number# _____ Check Date _____).....\$ _____
 (Check Number# _____ CheckDate _____).....\$ _____
 AMOUNT DUE TRAVELER.....\$ _____
 *AMOUNT TO BE RETURNED TO KBOCC OFFICE.....\$ _____

I certify that the attached receipts are for expenses incurred by me on the dates specified.

 SIGNATURE OF EMPLOYEE

 SIGNATURE OF DEPT. HEAD

_____ and/or _____
 KBOCC PRESIDENT

 *AMOUNT RECEIVED BY TRAVELER \$ _____
 RECEIPT NUMBER # _____
 RECEIPT DATE _____