nORTHWESTERN cONNECTICUT cOMMUNITY cOLLEGE

tRAVEL AUTHORIZATION REQUEST FORM (FORM CO-112 rev 8/9/18 nccc)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request** | Date | **TA Number** | TA Number (business office only) |
| Name | Name of Traveler | Employee # | Employee # |
| Job Title | Job Title | Telephone # | Telephone # |
| Bargaining Unit | Bargaining Unit | Department | Department |

### Itinerary

|  |  |  |
| --- | --- | --- |
| **Dates** | **To** | **Purpose / Conference Name/ Event/Sponsored By** |
| Date | Where? | Why? |
| Date | Where? | Why? |
| Date | Where? | Why? |

### Trip Funding

|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
| **Fund / Grant Description** | **Department** |

 |

### eXPENSES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Dates** | **Details** | **Pmt Method** | **Amount** |
|  | Dates | Air / Rail / Rental Car / Taxi/ Other | **po\_\_\_\_****pcard\_\_\_\_** | **Amount** |
| Transportation | Dates | Air / Rail / Rental Car / Taxi/ Other | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
| Own car | Dates | Mileage (attach Insurance Declaration Page) | **n/a** | **Amount** |
| Lodging | Dates | Location | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
| Conference fees | Dates | Description | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
| Meals | Date | **Description** | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
|  | Date | **Description** | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
|  | Date | **Description** | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
| Other | Date | Description | **Po\_\_\_\_****Pcard\_\_\_\_** | **Amount** |
|  |  |  |  |  |
|  |  | Subtotal | **Amount** |  |
|  |  | Less amount paid on Purchase Order or P-Card | **Amount** |  |
|  |  | Total amount owing to employee | **Amount** |  |

### Purpose of the trip

### Supporting Documentation

**Please attach all supporting documentation as outlined in the NCCC Travel Authorization & Reimbursement Policy prior to submitting for signature. Incomplete Travel Authorizations will be returned to the traveler and could result in delayed processing.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  **Traveler’s Signature** |  | **Date** |
|  |  |  |
| Supervisor’s Signature |  | **Date** |
|  |  |  |
| Budget Authority’s Signature |  | **Date** |
|  |  |  |
| Business Office Signature |  | **Date** |