NORTH SHORE COMMUNITY COLLEGE TRAVEL EXPENSE FORM

	EMPLOYEE AND	TRAVEL INFORMA	TION: ALL FIE	LDS REQUIRE	D THIS SECTION		
NAME:	BANNER ID:		CAMPUS & RM:		PUS & RM:	Ext	t:
STREET ADDRESS :		CITY:		STATE:		ZIP	·
DESTINATION:	DAT	DATE & TIME DEPARTED HON			ME: DATE & TIME RETURNED HOME:		
PURPOSE OF TRIP:		oan is requested, Trav	vol Loon Form m	ust he completed	and ottophod		
			EXPENSES			,	APPROVED COSTS
REGISTRATION STATUS:	GISTRATION STATUS: HAS EMPLOYEE REGISTERED?			YES	NO		
REGISTRATION FEE:	NSCC PAY DIRECT (attac	OR		JRSE EMPLOYEE *			
HOTEL:	NSCC PAY DIRECT (attac	OR		JRSE EMPLOYEE *			
AIRFARE:					JRSE EMPLOYEE *		
MEALS (allowed only if travel is	24 hours or longer. No receipts r	equired):	AFS	СМЕ МССС	NUP		
GROUND TRANSPORATION (Tolls, Shuttles, Parking, etc):						
ANTICIPATED MILEAGE (as p	er unit contract):		RATE	X MILE	S		
OTHER:							
		ACCOUN	TING and APPR	OVALS			
TRAVELER'S APPROVAL	RAVELER'S APPROVAL		PRESIDENT'S APPROVAL (req'd if traveling out-of-state))	DATE
SUPERVISOR'S APPROVAL DA		DATE	GRANTS ACCOUNTANT'S APPROVAL (req'd if grant funded)			nded)	DATE
VICE PRESIDENT'S APPROVAL DATE			PROFESSIONAL DEV. APPROVAL (req'd if prof. dev. funded)				DATE
FOAPAL(1) (required) FUND	ORG	ACCT	PROG	ACTV	LOCN	\$	
FOAPAL(2)						\$	