

Instructions for Travel Authorization and Expense Forms

Revised 03/2014

The Travel Authorization and Expense Forms are included in this excel workbook. Both forms have formulas in them to compute the math. The Traveler should complete a separate workbook for each trip and save the workbook.

APPROVALS

The Travel Authorization Form and the Travel Expense Form must have signature approvals as follows:

Schools:

Project Dir/PI
Dept. Head
Dean

Approvers:

Dept. Head
Dean
President

Central Admin:

Traveler (employee/student)
Dept. Head
Sr. V.P. or V.P.

Approvers:

Supervisor & Dept. Head
Sr. V.P. or V.P.
President

NOTE: The President must approve ALL foreign travel (includes Alaska, Hawaii, the Commonwealth of Puerto Rico, the Commonwealth of Northern Mariana Island Guam, American Samoa, United States Virgin Islands, and Canada).

TRAVEL AUTHORIZATION FOR

This form should be completed and approved at least fourteen (14) business days prior to travel and is to be completed when a traveler attends workshops or conferences, regardless of the locale. This form should NOT be completed when an employee travel as part of his/her routine work assignment during the workday.

T- number - will be assigned by the Travel Office and emailed back to the travel arranger.

Section I. General Information

Note that this information will automatically populate in Section I of the Travel Expense Form.

Section II. Pre-Approved Costs.

Fill out estimated costs and indicate if advance is required along with the amount.

Advances will be received 3 - 5 business days prior to travel

Section III. Related Third Party Payments

List up to five payees and amounts for related third party payments. This includes payments to American Express Corporate Card expenses related to travel. Indicate who check(s) will be picked up by. Do NOT list advances for traveler in this section.

Submission: The signed Travel Authorization Form may be scanned along with supporting documentation and emailed to travel@mmc.edu

TRAVEL EXPENSE FORM

All travelers must complete a Travel Expense Form upon completion of their travel and within fifteen (15) business days after the trip. Travelers who do not adhere to this policy may forfeit amounts due to them and may be subject to sanctions stated in the Travel Policy.

Section I. General Information

Note that this information will automatically populate from Section I of the Travel Authorization Form.

Section II. Itemized Travel Expenses

List travel expenses by category. Meals - limits are subject to travel policy. Tips for meals should be included in meal totals.

Section III. Entertainment

When entertaining guests, list date, name of guest, place, and nature of business along with the amount.

Section IV. Mileage

Type in current allowable mileage rate per mile (i.e. .50 per mile). The actual amount will populate in the field for "Amount".

Section V. Summary Reconciliation

For General, Entertainment, Mileage, Grand Total and Advance lines, the cells will populate automatically.

Corporate Credit Card - List amounts charged to a credit card.

Third Party Payment - Add up all payments paid by checks.

Submission: The Travel Expense Form may be scanned and emailed along with receipts if there is refund due to traveler. If the traveler owes the College, the form must be turned in with payment. Refunds will be direct deposited into traveler's bank account.

Send to: travel@mmc.edu

All expenses must follow the guidelines of the Travel Policy or if applicable, restrictions related to grants or contracts.

Section I. General Information

Section II. Pre-Approved Costs

<p>Traveler's Name: _____ **Title: _____</p> <p>Department: _____ School/Division: _____</p> <p>Purpose of Travel: _____</p> <p>Leave: Nashville, TN Date: _____ Arriv _____ Date: _____</p> <p>Leave: _____ Date: _____ Arriv Nashville, TN Date: _____</p> <p>Funding Source: FOAPAL: _____ Account Title: _____ Restricted Unrestricted</p> <p>FOAPAL: _____ Account Title: _____ Restricted Unrestricted</p>	<p>Meals: \$ _____</p> <p>Lodging: \$ _____</p> <p>Registration: \$ _____</p> <p>Transportation: \$ _____</p> <p>Taxi / Mileage: \$ _____</p> <p>Car Rental: \$ _____</p> <p>Other(specify): \$ _____</p> <p>Total Pre-Approved Costs: \$ _____ \$0.00</p> <p>Advance Required: _____</p> <p>Amount: \$ _____</p>
--	--

***Student travelers must obtain travel authorization from the Dean of the appropriate school*

Section III. Related Third Party Payments

<p>(1) Payee: _____</p> <p>Mailing Address: _____</p> <p>Purpose: _____ Amount: \$ _____</p>	<p>(4) Payee: _____</p> <p>Mailing Address: _____</p> <p>Purpose: _____ Amount: \$ _____</p>
<p>(2) Payee: _____</p> <p>Mailing Address: _____</p> <p>Purpose: _____ Amount: \$ _____</p>	<p>(5) Reimbursement: _____</p> <p>Mailing Address: _____</p> <p>Purpose: _____ Amount: \$ _____</p>
<p>(3) Payee: _____</p> <p>Mailing Address: _____</p> <p>Purpose: _____ Amount: \$ _____</p>	<p>Check(s) will be picked up by: _____</p> <p>Send Check(s) to: _____</p> <p>_____</p> <p>_____</p>

**Please indicate the name of the individual who will cover for you in your absence.*

_____	_____ / _____	_____
Name(Type or Print)	Signature	Date

Traveler: (sign & date)

_____ / _____

Approved By: (sign & date)

Project Director/Supervisor/PI: _____	/ _____
Department Head: _____	/ _____
Sr. Vice President/V.P./Dean: _____	/ _____
President: _____	/ _____

Processed By: (sign & date)

_____ / _____	
Accounting	
_____ / _____	
Grants	

SECTION I. GENERAL INFORMATION

Traveler's Name: _____		Title: _____	
Department: _____		School/Division: _____	
Purpose of Travel: _____			
Leave: _____	Nashville, TN	Date: _____	Arrive: _____
Leave: _____		Date: _____	Arrive: _____
			Nashville, TN
Funding Source:	FOAPAL: _____	Account Title: _____	Restricted Unrestricted
	FOAPAL: _____	Account Title: _____	Restricted Unrestricted

SECTION II. ITEMIZED TRAVEL EXPENSES

Week 1	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	
Lodging								-	
Transportation								-	
Car Rental								-	
Parking								-	
Taxi, Limo, Other								-	
Tips								-	
Registration Fee								-	
Meals								-	
Other (specify)								-	
SUBTOTAL	-	-	-	-	-	-	-	-	
Week 2	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	COMBINED TOTAL
Lodging								-	-
Transportation								-	-
Car Rental								-	-
Parking								-	-
Taxi, Limo, Other								-	-
Tips								-	-
Registration Fee								-	-
Meals								-	-
Other (specify)								-	-
SUBTOTAL	-	-	-	-	-	-	-	-	-

SECTION III. ENTERTAINMENT

DATE	GUEST	PLACE	NATURE OF BUSINESS	AMOUNT

SECTION IV. MILEAGE

(Mileage \$ _____ per mile)

DATE	TRAVEL FROM	TRAVEL TO	MILEAGE	AMOUNT

SECTION V. RECONCILIATION SUMMARY

Total General	-
Total Entertainment	-
Mileage	-
Grand Total	-
Advance	-
Corporate Credit C	-
Third Party Paymen	-
Due College	\$0.00
Due Employee	\$ -

Traveler (sign & date):
 _____ / _____

Approved By: (sign & date)
 Immediate Supervis _____ / _____
 Department Head: _____ / _____

Processed By: (sign & dat
 Travel: _____ / _____
 Grants: _____ / _____