

HOPE COLLEGE TRAVEL PAYMENT REQUEST FORM

Payable to: _____

Name and Department

Hope ID Number: _____

Date of Absence: _____

Absence Form Number _____

Purpose of Trip: _____

Travel:

Personal Auto _____ miles @ \$.405 per mile

Total \$ _____

Actual Cost of economy airfare, rail, or bus
(Attach receipts)

Total \$ _____

Lodging:

Number of days _____ X \$ _____ (rate)
(Attach receipts)

Total \$ _____

Meals:

Attach Receipts

Attach Receipts

Total \$ _____

Other (please specify)

Total \$ _____

Please check one:

_____ Travel Reimbursement

_____ Travel Advance

Grand Total \$ _____

Fund (5 digits)/Account (4 digits) to be charged: _____ - _____

Signature of Employee: _____

Approved by: _____

Department Chairperson, Divisional Dean, Provost, or Immediate Supervisor

To Assure Proper Processing by Business Services:

1. Please indicate if your request is for reimbursement of travel already completed or an advance for anticipated travel.
2. For Travel Reimbursement: Receipts for meals, lodging, airfare, rail, or bus are to be attached.
3. For Travel Advances: You are required to reconcile your expenses within 20 days after the completion of your travel. An Advance Reconciliation Report will be provided along with your check by the Business Services Office.