



COAHOMA COMMUNITY COLLEGE

"OFFICIAL TRAVEL FORM"

PRE-TRAVEL AUTHORIZATION

Employee Name	
Employee ID Number	
Employee Address	
Department	
Department Expense Code	
Purpose of Travel/Conference	
Conference Begins/Ends	
Destination	
Departure Date	
Return Date	

Pre-Travel Approval	
Division Chairperson:	BUSINESS OFFICE ONLY:
Dean/Director:	Chief Financial Officer:
Date:	Date:

EXPENSE REIMBURSEMENT

Type of Expense	Day 1	Day 2	Day 3	Day 4	Day 5	Total Expenses
601 Lodging - Instate						
601 Meals and Tips - Instate						
602 School Vehicle - Instate						
603 Private Vehicle - Instate						
604 Other Costs - Instate						
605 Lodging - Out of State						
605 Meals and Tips - Out of State						
606 School Vehicle - Out of State						
607 Private Vehicle - Out of State						
608 Other Costs - Out of State						
Grand Total:						

Travel Reimbursement Approval	
Division Chairperson:	BUSINESS OFFICE ONLY:
Dean/Director:	Chief Financial Officer:
Date:	Date:

