**TRAVEL REQUEST / CLAIM FORM**

**A**

Meeting / Event / Conference Title:  
Date(s):  
City/State:

**B**

**REQUEST (Estimated Costs)**

<table>
<thead>
<tr>
<th>Mileage</th>
<th>per mile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals</td>
<td>days</td>
</tr>
<tr>
<td>Airfare/Amtrak</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MCC to pay for me</td>
</tr>
<tr>
<td></td>
<td>I will pay myself</td>
</tr>
<tr>
<td>Parking</td>
<td>days</td>
</tr>
<tr>
<td>Lodging</td>
<td>days</td>
</tr>
<tr>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MCC to pay for me</td>
</tr>
<tr>
<td></td>
<td>I will pay myself</td>
</tr>
<tr>
<td>Rental Car / Shuttle / Taxi</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ESTIMATED EXPENSES**

$ __________

**D**

**CLAIM (Actual Costs)**

<table>
<thead>
<tr>
<th>Mileage</th>
<th>per mile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals</td>
<td>days</td>
</tr>
<tr>
<td>Airfare/Amtrak</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MCC to pay for me</td>
</tr>
<tr>
<td></td>
<td>I will pay myself</td>
</tr>
<tr>
<td>Parking</td>
<td>days</td>
</tr>
<tr>
<td>Lodging</td>
<td>days</td>
</tr>
<tr>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ACTUAL EXPENSES**

$ __________  
(including all advances and pre-payments)

**B1**

**TOTAL ADVANCE REQUESTED:**

($2,000 maximum per trip)

$ __________

Applicant's Signature: ____________________________  
Date: ____________________________

**B2**

**TOTAL EXPENSES LIMITED TO:**

$ __________

Department Chair/Supervisor: ____________________________  
Date: ____________________________

Dean/Vice President: ____________________________  
Date: ____________________________

**E**

**FISCAL OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>$</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;</td>
<td>&gt;</td>
</tr>
</tbody>
</table>

Amount Disallowed

$ __________

Net Authorized

Airfare  
V#

$ __________

Check No.: __________  
Date: __________

Employee Advance  
V#

$ __________

Check No.: __________  
Date: __________

Registration Advance  
V#

$ __________

Check No.: __________  
Date: __________

Balance paid to Applicant  
V#

$ __________

Check No.: __________  
Date: __________

Balance owed to MCC

**C**

Account(s) to be charged:

**FUND:** ______  
**ACCOUNT:** ______

**DEPTMGR:** ______  
**PROJECT:** ______

**PROGRAM:** ______  
**FUNDSRC:** ______

**AMT:** ______

__ REV. 01/2011 __

Account(s) to be charged:

**FUND:** ______  
**ACCOUNT:** ______

**DEPTMGR:** ______  
**PROJECT:** ______

**PROGRAM:** ______  
**FUNDSRC:** ______

**AMT:** ______

__ REV. 01/2011 __