



**SOUTH LOUISIANA COMMUNITY COLLEGE
REQUEST FOR OFFICIAL TRAVEL**
If SLCC funding is not requested, complete Sections I and II only.

I. REQUEST FOR TRAVEL

Travel is requested from _____ / _____ to _____ / _____
Time Date Time Date

Destination: _____

Purpose of Trip: _____

II. TRAVELER'S STATEMENT

I certify that the above travel will be on official business of South Louisiana Community College and will conform with current State Travel Regulations.

Typed/Printed Name of Traveler _____

SIGNATURE OF TRAVELER _____ **Title** _____ **Date** _____

NOTE: HOTEL BILLS ARE DUE TO ACCOUNTING WITHIN THREE (3) DAYS OF RETURNING FROM TRAVEL. TRAVEL EXPENSE REPORT MUST BE SUBMITTED TO ACCOUNTING NO LATER THAN THE 15TH OF THE MONTH FOLLOWING COMPLETION OF TRAVEL.

III. REQUEST FOR FUNDING

Estimated Maximum Expenses

<input type="checkbox"/> Plane (utilization of state contracted agency required)	Transportation	\$ _____
<input type="checkbox"/> Personal Car* (54 cents per mile x _____ miles) I hereby certify that I have and will maintain at least the state of LA required minimum liability coverage of 10/20/10	Lodging*	_____
	Meals*	_____
<input type="checkbox"/> State Vehicle (estimated miles _____) Complete Vehicle Reservation Form and Submit to Property	Registration	_____
	Other	_____
<input type="checkbox"/> Rental Vehicle Complete Rental Reservation Form and include with this request	TOTAL	_____

*As allowed by State Travel Regulations (PPM49)
www.doa.la.gov/osp/Travel/travelpolicy/2018-2019_TravelGuide.pdf

IV. APPROVAL SIGNATURES

Supervisor _____ **Date** _____

Budget Unit Head _____ **Date** _____

Vice Chancellor _____ **Date** _____

Vice Chancellor for Admin. & Finance _____ **Date** _____

Accounting _____ **Date** _____

V. FUNDING SOURCE: *Travel requests submitted without a funding source will be returned to traveler for revision by Accounting.*

VI. COMMENTS: *Traveler should include any early bird deadlines and an explanation for other funds requested.*