

COTC & COST SHARE OVERNIGHT TRAVEL AUTHORIZATION/REIMBURSEMENT REQUEST FORM

Department:	_____	Date Submitted:	_____
Traveler's Name:	_____	Departure Date & Time:	_____
Street Address:	_____	Return Date & Time:	_____
City, State, Zip:	_____	Travel Destination:	_____
Last 4 #'s of Travel PC:	_____	Detailed Travel Purpose:	_____

SECTION A: PRE-TRAVEL ESTIMATE		Requesting Travel Card	SECTION B: ACTUAL TRAVEL EXPENSES PAID BY COTC & PAYMENT METHOD					
			Payee	Purpose	Amount	CK	Dept pcard	Travel Pcard
Hotel Expense	\$				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration Fees	\$				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals (choose one)					\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Per Diem	\$				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Card	\$		<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel - Air	\$		<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel - Mileage	\$		<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	\$		<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL ESTIMATE	\$				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL EXPENSES PAID BY COTC				B	\$			

Date _____

Top Signatures Pre-Travel Approval

SECTION C: ALL TRAVEL EXPENSES (COTC PAID OR OTHERWISE)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	TOTALS
Date/Dates									
Number of Miles									
Mileage \$ Amount	\$	\$	\$	\$	\$	\$	\$	\$	\$
Parking/Tolls	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental Car/Uber/Bus	\$	\$	\$	\$	\$	\$	\$	\$	\$
Airfare	\$	\$	\$	\$	\$	\$	\$	\$	\$
Hotel	\$	\$	\$	\$	\$	\$	\$	\$	\$
Breakfast	\$	\$	\$	\$	\$	\$	\$	\$	\$
Lunch	\$	\$	\$	\$	\$	\$	\$	\$	\$
Dinner	\$	\$	\$	\$	\$	\$	\$	\$	\$
Registration Fees	\$	\$	\$	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$	\$	\$	\$
General Ledger Accounts									C \$

63401	63401	63401
\$	\$	\$

RECONCILIATION

C	\$
B	\$
	\$
	\$

Date _____

Bottom Signatures Post-Travel Approval