

HOWARD COUNTY JUNIOR COLLEGE DISTRICT

REPORT OF ACTUAL TRAVEL EXPENSES

Actual Travel Report Must Be Submitted No Later Than Three Working Days After Return Date

Employee Handbook Travel Policy Number 4.2 D-3

NAME	DATE SUBMITTED
ACCOUNT NUMBER	DEPARTMENT
DESTINATION/LODGING	PURPOSE OF TRIP
TRANSPORTATION BY PERSONAL VEHICLE COLLEGE VEHICLE COLLEGE BUS	OTHERS TRAVELING WITH YOU
DEPARTURE DATE	RETURN DATE
DEPARTURE TIME <i>AM/PM</i>	RETURN TIME <i>AM/PM</i>

NOTE – Itemized receipts are required. Credit card receipts are not sufficient and will not be accepted

Mileage – Reimbursement will be calculated at the Howard College allowable rate of \$0.50 per mile for personal vehicles. Please calculate destination details per: www.mapquest.com or www.maps.google.com				# Of Miles:	
Meals – (Policy 4.2 F. 1-a) \$30 per day (\$8 – Breakfast \$10 – Lunch \$12 – Dinner) Without Receipts (Regardless of departure/return times) - \$15 Departure date, \$15 Return date, \$30 All other days of travel With Receipts – Maximum amount per meal allowed with receipts supporting the expenditure for each meal. Departure and return times are required if using this option		Number of Meals			
		P-Card	P.O.	Cash	
Airfare					
Hotel/Motel Expenses					
Parking Fees					
Registration Fees					
Rental Car Expenses					
Other Expenses <i>(please list)</i>					
Total Trip Expenses					
<ul style="list-style-type: none"> • Less HC P-Card Expenses 					< >
<ul style="list-style-type: none"> • Less P.O. Expenses 					< >
<ul style="list-style-type: none"> • Less Cash Advances 					< >
Total Reimbursable Expenses					

I certify that the travel listed above was performed, all expenses are true and accurate, and that reimbursement is not expected from any other source.

Signature of Traveler _____

Date _____

SUPERVISOR	CABINET MEMBER
Initials Date	Initials Date
GRANT ADMINISTRATOR (If Applicable)	PRESIDENT
Initials Date	Initials Date