LOUISIANA DELTA
COMMUNITY COLLEGE

Travel Reimbursement Form

Approved Travel Authorization must be attached

Today's Date: _____

Payee: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Meals

Date (mm/dd/yy)								
Breakfast								
Lunch								
Dinner								
TOTAL								

Lodging							
Tolls and Parking							
Airfare							
Tips							
Car Rental							
Registration Fees							
Other*							
TOTAL							

*Explain Other _____

Personal Vehicle Mileage _____ miles @ $.62 (Maximum 99 miles round trip) _____

Beginning Odometer Reading _____ Ending Odometer Reading _____
(or attach MapQuest directions)

Reimbursement Total _____

APPROVALS

The approved travel authorization form and any other applicable travel documents are attached. This includes, but not limited to, personal mileage reimbursement log, agenda, and original receipts. I understand the reimbursement request will not be processed if any required documents are missing. I certify the expenses are true, accurate and were incurred for LDCC related business.

Traveler Signature _____ Date _____

Audited by Accountant _____ Date _____

Supervisor Signature _____ Date _____

Fund	Org	Account	Program	Activity	Amount