

NORTHERN MAINE COMMUNITY COLLEGE
STAFF TRAVEL APPLICATION

Date Travel Application Submitted: _____ In State
Name: _____ Out of State
Address: _____ Destination: _____
_____ Departure Date: _____
Return Date: _____

PURPOSE OF TRIP (Please be brief, but complete. Attach agenda and/or other support materials.)

EXPENSES (Estimates/Enter Amounts)

\$ _____ Meals
\$ _____ Transportation
\$ _____ Lodging
\$ _____ Registration
\$ _____ Miscellaneous
\$ _____ Total

TRANSPORTATION (If vehicle, enter estimated miles)

_____ NMCC Vehicle
_____ Rental Vehicle
_____ Personal Vehicle (if NMCC vehicle is not available)
_____ Airplane
_____ Other

HOW WILL TRIP BE FUNDED

***NOTE:** If requesting a travel advance, please complete and submit the Request for Travel Advance form.

_____ General Fund
_____ Federal Staff Development
_____ Special Revenue (Describe)

ADDITIONAL INFORMATION

Employee Signature: _____ Date: _____

APPROVAL: (Signatures required)

Department Chair: _____ Date: _____

Area Administrator: _____ Date: _____