

Seminole State College

Travel Reimbursement Form

Please print full name here: **(no social security numbers)** _____

Please indicate purpose and location of trip. *(Be specific about the purpose of the trip. Please provide name of the conference, attach brochures, hotel designations, meeting schedules for conferences, workshops, seminars, etc:*

License tag number of car driven: _____ Is the car State owned?: _____
If "yes" specify vehicle: _____

Department to charge: *(department or division)* _____

Complete for Overnight Trips/or Single Trip: **(Time of departure/return does not pertain to same day travel)**

Date/Time of Departure: Month _____ Day _____ Hour _____ a.m./p.m.

Travel From: _____

Date/Time of Return: Month _____ Day _____ Hour _____ a.m./p.m.

Travel From: _____

Mileage: **(For more than one trip, please list mileage on reverse side of form.)**

Total Miles Traveled: (including miles from reverse side) _____

Airfare and Airlines: *(Three (3) airfare comparisons made PRIOR to the dates traveled must be attached. If claimant paid airfare, receipts, as well as comparisons, must be attached.)*

Airfare paid with SSC credit card: Y / N Airfare paid by claimant: Y / N

Total Airfare: \$ _____

For overnight trips only.

Meals: Were meals provided: Y / N How Many: _____ **Agenda must be attached.**

Lodging: *(If using designated lodging, please attach documentation verifying that it is a designated hotel)*

Lodging paid with SSC credit card: Y / N Lodging paid by claimant: Y / N

Total Lodging: \$ _____

Miscellaneous Expenses: *(taxi, shuttle, parking, etc. - attach receipts)* \$ _____

Registration Fee: *(If registration is paid by the claimant, receipts must be attached. Registration fees that include meals, will result in adjustment of the meal allowance)*

Registration paid with SSC credit card: Y / N Registration paid by claimant: Y / N

Total Registration: \$ _____

Signed: _____ Date: _____

Supervisor's Signature: _____

CLAIMANT MUST PROVIDE DOCUMENTATION: (i.e. ITINERARY, REGISTRATION, RECEIPTS, ETC)

Mileage questions?: Visit www.okladot.state.ok.us/hqdiv/p-r-div/howfar/okmile.htm

Date	Travel From	Travel To	Mileage
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1) _____

Purpose of Trip: _____

2) _____

Purpose of Trip: _____

3) _____

Purpose of Trip: _____

4) _____

Purpose of Trip: _____

5) _____

Purpose of Trip: _____

6) _____

Purpose of Trip: _____

7) _____

Purpose of Trip: _____

8) _____

Purpose of Trip: _____

9) _____

Purpose of Trip: _____

10) _____

Purpose of Trip: _____

11) _____

Purpose of Trip: _____

12) _____

Purpose of Trip: _____

13) _____

Purpose of Trip: _____

14) _____

Purpose of Trip: _____

15) _____

Purpose of Trip: _____