McHENRY COUNTY COLLEGE TRAVEL ADVANCEMENT/REIMBURSEMENT FORM

YOUR NAME	Linda Liddell	ACCOUNT NUMBER(S):	AMOUNT:	100% Cash Advance Request: ☐ Yes ☐ No
YOUR SUPERVISOR	Board of Trustees	01-8050-504014-550200010	$ ~~183.13~~	Weekend travel requires approval by your President's Cabinet Member - select one.
DIVISION/DEPT	Board of Trustees		177.78	☐ Clint Gabbard ☐ Al Butler ☐ Terri Berryman ☐ Brock Fisher
TODAY'S DATE	8/18/2017			☐ Christina Haggerty ☐ Chris Gray ☐ Bob Tenuta
				Signature of PC Member & Date Approved:

* Attach printout of your MapQuest when calculating your mileage.

Date(s) of Travel	Departed from / Arrived at	Departure Time & Arrival Time	As of Jan 1, 2017 Miles Driven * x $ 0.535 (Auto Calculate)	Transportation (Amount in U.S.$)	Lodging per day** (Amount in U.S.$)	Meals per day** (Meals require itemized receipts) Breakfast	Lunch	Dinner	Parking (U.S.$)	Misc. Expenses (Amount in U.S.$)	Daily Totals (Auto Calculate)
08/04/17	Crystal Lake, IL	a.m.	73.70							Desc.	
	Freeport, IL	a.m.	$39.43		$98.76					$	$138.19
08/04/17	Hotel to College	two round	~~10.00~~							Desc	
08/05/17	College to Hotel	trips	~~$5.35~~							$	~~$5.35~~
08/05/17	Freeport, IL	p.m.	74.00							Desc.	
	Crystal Lake, IL	p.m.	$39.59							$	$39.59
			$0.00							Desc: $	$0.00
			$0.00							Desc: $	$0.00
			$0.00							Desc. $	$0.00
			$0.00							Desc: $	$0.00
			$0.00							Desc: $	$0.00
			$0.00							Desc. $	$0.00
			$0.00							Desc. $	$0.00
			$0.00							Desc: $	$0.00
Total Travel Expense:			$ ~~84.37~~ 74.02	$ -	$ 98.76	$ -	$ -	$ -	$ -	$ -	$ ~~183.13~~

Purpose of Trip(s): Attend the Illinois Community College Trustees Association Executive Retreat 8/4-5/2017

Total Travel	$ ~~183.13~~
Use only on Reimbursement request - Less: Cash Advance	177.78
Total Due To / (Owed by) Employee	$ ~~183.13~~

Employee's Signature: Linda Liddell Date:

I hereby certify that the above actual expenses were incurred by me in the performance of my duties as an employee of McHenry County College, Crystal Lake, IL.

Budget Officer/Supervisor's Signature: Date: 9/25/17

Controller's Signature: Date: 10/10/17

See MCC Travel Policies in myMCC > Resources > Policies and Procedures

Rev'd 4/17/17

Receipts must accompany the travel reimbursement form, if you do not have your detailed receipts you will not be reimbursed.

** See Board Policy 2.15 for Maximum Reimbursable Rates.

1. Employee is responsible to review and understand the travel procedure, and provide itemized receipts.
2. Reimbursement request must be submitted within two weeks of the last travel date.
3. Reimbursement will not be provided for expenses of a spouse, dependent or personal guest.
4. Handwritten or incomplete/inaccurate forms will be returned to Employee/Supervisor.