

FORT BERTHOLD COMMUNITY COLLEGE

— PRE-TRAVEL AUTHORIZATION —

NO 13714

FEDERAL TAX EXEMPT NUMBER 45-0322990

NORTH DAKOTA STATE TAX EXEMPT NUMBER E-5461

Date Filed: _____

Vendor #: _____

Name: _____

EXAMPLE

Position: _____

Destination: _____

Code #: _____

DEPT TRAVEL ACCT CODE

City, State, Zip

Contact Person/Organization: _____

Phone Number (____) _____

Purpose Of Travel As Related To Program Objectives: _____

Date of Departure _____

Time _____

Date of Return _____

Time _____

Per Diem Rate \$ _____

59

Lodging/Day \$ _____

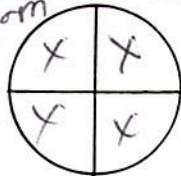
Satrom

Subsistence/Day \$ _____

59

Departure
BEGINNING QUARTERS

left @ 5 am
to catch 7 am
flight



Air Fare (PO# _____ If Prepaid) \$ _____

Registration Fee (PO# _____ If Prepaid) \$ _____

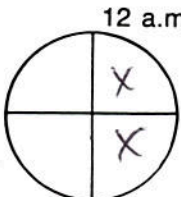
Car Rental (PO# _____ If Prepaid) \$ _____

Total _____ Nights @ \$ _____ Per Day \$ _____

Total Other Costs \$ _____

Total 5.5 Days Subsistence @ \$ 59 Per Day \$ _____

Returning
ENDING QUARTERS



Taxi, Bus, Limousine \$ _____

Mileage: _____ Miles @ 54 Per Mile \$ _____

Total Per Diem Total \$ _____

Per Diem @ 80% X .80 \$ _____

Total Other Costs (see above) \$ _____

Total Advance Requested \$ _____

By signing this form, I authorize this advance to be deducted, if my trip report is not submitted within two weeks after Date of Return (stated above), from my first pay, after 2 weeks from D.O.R., and subsequent pay until reimbursed in full.

Employee: _____ Date: _____

Supervisor/Administrator: _____ Date: _____

President: _____ Date: _____

Business Manager: _____ Date: _____