

**HARRISBURG AREA COMMUNITY COLLEGE
SGA CLUB/ORGANIZATION - TRAVEL AUTHORIZATION EXPENSE REPORT**

For Accounts Payable Office Use Only	
Encumbrance: _____	Adv. Regis.: _____
Cash Advance: _____	
Reimbursement: _____	

PRINT FULL NAME				HACC ID #				Date of Report		Account #	
ADDRESS				Leave Date				Event			
				Return Date							
City		State		Zip Code		Destination					
Item Dates	1. Auto Expense only	2. Transportation (Attach Receipts)	3. Hotel (Attach Receipts)	4. Meals				5. Registration (Attach Receipts)	6. Parking & Tolls (Attach Receipts)	7. Misc. (Attach Receipts)	8. Total
				B	L	D	Total				
Items Total											

I. AUTHORIZATION REQUEST (Estimated Costs)				III. REPORT OF TRIP (Summary of detail above)			
Transportation		\$		Transportation		\$	
Accommodations		\$		Accommodations		\$	
Meals		\$		Meals		\$	
Registration		\$		Other (#'s 5, 6, 7)		\$	
Other (specify)		\$				\$	
Estimated Total Cost		\$		Actual Total Cost		\$	
Advance Registration (Attach Registration Form)		\$		Actual Cash Advance		\$	
Cash Advance (Minimum amount \$50)				Balance Due Back to College (Attach personal check)		\$	
Total Advance Requested				Balance Due Traveler		\$	

II. APPROVAL TO PROCEED

IV. APPROVAL OF REPORT

Club /Organization Advisor's Signature	Date	Director of Student Development and Multicultural Programs Signature	Date
Director of Student Development and Multicultural Programs Signature	Date	<i>"Travel Advance request must be received in Accounts Payable 3 weeks prior to trip to ensure advance is processed for trip"</i>	

Original – Accounts Payable Office – Advance
 Copy 2 – Accounts Payable Office – Reimbursement
 Copy 3 – Club Advisor