

Bay Mills Community College  
Travel Expense Statement

Employee Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Travel Date(s): \_\_\_\_\_

Purpose of Travel (briefly explain where you went and why) - **Attach Meeting Agenda if Available**

Is any expense directly paid by another agency? (hotel, meals or transportation)	Yes	No
Is any expense reimbursable for another agency?	Yes	No
If so, who? _____		
What is their method of reimbursement?	Actual Expense	Per Diem Allowance
<b><i>Attach copies of reimbursement documentation</i></b>		

**Professional Development Activities**

Professional development includes a broad range of topics and activities that expands your professional knowledge, competence, skills, or effectiveness.

Is this travel for professional development? Yes No

You need to enter the professional development activity in Taskstream before completing this form: [Taskstream Link](#)

Please provide the total cost of the training, a narrative explaining the nature of the professional development, what you learned, how it will benefit you at work, and specifically, how it will affect student success outcomes.

**I certify that this statement, the amount claimed and the attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Initials (Verification of Taskstream entry for PD)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program to be charged/GL account number

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Accountant Initials (Ok on Program to Charge/Line Item)

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Mileage Worksheet				
DEPARTURE		ARRIVAL		
Date and Time	From	To	Date and Time	# Miles

Total Miles \_\_\_\_\_  
Total Mileage \_\_\_\_\_

COMPLETE EITHER PER DIEM OR ACTUAL - NOT BOTH  
**EXCEPTION-USE STANDARD PER DIEM MEALS/INCIDENTALS (\$55 IN 2019) AND ACTUAL HOTEL COSTS**

**PER DIEM**

**HOTEL RECEIPT REQUIRED**

Date and time of Departure	Date (m/d/yy) and Time (h:M tt):	Example:	_____
			7/11/19 4:06 PM
Date and time of Return	Date (m/d/yy) and Time (h:M tt):	Example:	_____
			7/12/19 8:15 AM
Total Number of Hours			_____
Per Diem Rate from <a href="http://gsa.gov">gsa.gov</a>			_____
<b>Total Per Diem</b>			_____

**ACTUAL**

**RECEIPTS REQUIRED**

Total Hotel Costs	_____
Total Food Costs	_____
Total Incidentals	_____
<b>Total Cost of Actual Expense</b>	_____

**MISCELLANEOUS** (bridge, parking, taxi, etc.)

Item:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total Miscellaneous</b>	_____

**SUMMARY OF TRAVEL COSTS:**

Mileage	_____
Room & Meals	_____
If using Per Diem	_____
If using Actual	_____
Miscellaneous	_____
Total Expenses	_____
Total Advance Received (include all advances)	_____
Balance Due	_____