

# COAHOMA COMMUNITY COLLEGE & AHS

3240 Friars Point Road  
Clarksdale, Mississippi 38614  
(662) 627-2571

## PRE-TRAVEL REQUEST FORM

DATE:

NAME:

DESTINATION(S):

HOTEL/MOTEL MEETING PLACE

CITY

STATE

PURPOSE OF TRIP:

DATE(S) OF TRAVEL:

DEPARTURE FROM CAMPUS

DATE:

TIME:

RETURN TO CAMPUS

DATE:

TIME:

MEANS OF TRAVEL:

- ☐ PERSONAL AUTO
- ☐ PLANE, TRAIN, BUS
- ☐ TAXI, LIMOSINE
- ☐ SCHOOL BUS, VAN, AUTO
- ☐ OTHER

ESTIMATED COST OF TRIP:

SOURCE OF FUNDING : \_\_\_\_\_ [ ] 100% REIMBURSEMENT \_\_\_\_\_

PROGRAM DIRECTOR/DEPARTMENT HEAD

DIVISION DIRECTOR

PRESIDENT

BUSINESS MANAGER

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<b>Submitted by:</b>	<b>Date:</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>						
<b>Address:</b>							
<b>Social Security #</b>							
<b>Travel Purpose:</b>							
<b>STATEMENT OF COSTS OF MEALS AND LODGING</b>							
<b>Date</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Hotel Total</b>	<b>Daily Total</b>	<b>Registration &amp; Other Exp</b>	<b>Amount</b>
							\$
							\$
							\$
							\$
							\$
							\$
							\$
<b>TOTAL:</b>						<b>TOTAL:</b>	\$

<b>STATEMENT OF TRAVEL BY PRIVATELY OWNED AUTOMOBILE</b>						
	<b>POINT OF TRAVEL</b>			<b>MILEAGE COMPUTATION</b>		<b>AMOUNT</b>
<b>Date</b>	<b>Starting Point</b>	<b>Intermediate Point</b>	<b>Ending Point</b>	<b>Miles Traveled</b>	<b>Mileage Rate</b>	
						\$
	<b>TOTAL MILEAGE COMPUTATIONS:</b>					\$

## ACCOUNT TO BE CHARGED:

Fund	Unit	Object	Total
<b>Total:</b>			

## SUMMARY

Total Expenses:	\$
Less Charges to CCC	\$
Less Advance	\$
<b>TOTAL DUE:</b>	\$

## SIGNATURES AND APPROVALS:

REQUESTED BY: \_\_\_\_\_

BUSINESS OFFICE: \_\_\_\_\_

DIVISION/DEPT. HEAD: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_