Request for Travel Authorization

NECC
Northern Essex Community College

Date

Name

NECC ID #

Depart date

Return date

Purpose of travel

Estimated expenses

Air fare or other transportation	
Accommodations	
Registration fee	
Meals	
Other	
Total	

Request for travel advance

☐ Yes ☐ No

If yes, issue 80% of total estimated expenses (minimum advance allowed $100)

Total advance $0.00

Funding source

Index #

Index # description

Employee's signature **Date**

Authorized signature **Date**

For Accounting & Finance Use

Banner invoice #

Date issued

Check #

Send completed form to
Accounts Payable, B201
Haverhill Campus
accountspayable@necc.mass.edu

I hereby acknowledge the receipt of an advance check in the amount of $ _____ from NECC. I promise to submit a travel expense voucher with receipts for expenses incurred with this advance within 30 days after the travel is complete. I shall return any unused amount from this advance.

Employee's signature

Reset Form Print Form

(revised 12/18/14)