



# Payment Authorization

Date	<input type="text"/>	Requested by	<input type="text"/>
Index #	<input type="text"/>	Instructions: <div style="border: 1px solid black; height: 150px;"></div>	
Index # description	<input type="text"/>		
Name/Vendor	<input type="text"/>		
Address line 1	<input type="text"/>		
Address line 2	<input type="text"/>		
City/State	<input type="text"/>		
Zip Code	<input type="text"/>		
NECC ID # or Vendor ID #	<input type="text"/>		

Description	Amount
<b>NOTE: ALL RECEIPTS, INVOICES, AND OTHER DOCUMENTATION MUST ACCOMPANY THIS REQUEST</b>	<b>Total</b>

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

**For Accounting & Finance Use**

Banner invoice #

Pay date

Check #

Direct deposit #

- Mail check to Name/Vendor
- Send check to requestor
- Direct deposit

Send completed form to  
 Accounting & Finance, B201  
 Donna Ashbrook x3811

NOTE 2012 update: this is done online now (contact Administrative Assistant in your division)

# Purchase Requisition



<p>Date <input type="text"/></p> <p>Index # <input type="text"/></p> <p>Index # description <input type="text"/></p> <p>Name/Vendor <input type="text"/></p> <p>Address line 1 <input type="text"/></p> <p>Address line 2 <input type="text"/></p> <p>City/State <input type="text"/></p> <p>Zip Code <input type="text"/></p> <p>Vendor ID # <input type="text"/></p> <p>Tel <input type="text"/></p> <p>Fax <input type="text"/></p>	<p>Requested by <input type="text"/> Ext <input type="text"/></p> <p>Delivery target date <input type="text"/></p> <p>Deliver to</p> <p><input type="checkbox"/> Haverhill</p> <p><input type="checkbox"/> 45 Franklin Street, Lawrence</p> <p><input type="checkbox"/> 78-82 Amesbury Street, Lawrence</p> <p><input type="checkbox"/> 1600 Osgood Street, North Andover</p> <p>Delivery instructions</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Description	Quantity	Unit price	Amount
<b>NOTE: PLEASE ATTACH QUOTE, ORDER FORM, AND OTHER DOCUMENTATION, IF AVAILABLE</b>			<b>Total</b>

\_\_\_\_\_  
 Authorized signature Date

Send completed form to  
 Accounting & Finance, B201  
 Jodi Paris Anastos x3933





# Request for Travel Authorization



Date

Name

NECC ID #

Depart date

Return date

Purpose of travel

## Estimated expenses

Air fare or other transportation	<input type="text"/>
Accommodations	<input type="text"/>
Registration fee	<input type="text"/>
Meals	<input type="text"/>
Other	<input type="text"/>
Total	<input type="text"/>

## 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  
Accounting & Finance, B201  
Donna Ashbrook x3811

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

# Travel Expense Reimbursement



Date

Employee

NECC ID #

Index #

Index # description

Purpose of travel

- Out-of-state travel (B1)
- In-state travel (B2)

Transportation	Amount
Miles* <input type="text"/>	\$0.00
Miles* <input type="text"/>	\$0.00
<i>*Did you remember to subtract the mileage for your normal daily commute?</i>	
Parking <input type="text"/>	
Tolls <input type="text"/>	
Taxi/fares <input type="text"/>	
Airfare <input type="text"/>	
<b>Total transportation</b>	<b>\$0.00</b>

Lodging	Amount
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<b>Total lodging</b>	

Event fees	Amount
Conference/registration <input type="text"/>	
<input type="text"/>	
<b>Total event fees</b>	

Meals	#	Amount
Breakfast	<input type="text"/>	<input type="text"/>
Lunch	<input type="text"/>	<input type="text"/>
Dinner	<input type="text"/>	<input type="text"/>
<b>Total meals</b>	<input type="text"/>	

Other	Amount
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<b>Total other</b>	

NOTE: ALL RECEIPTS AND OTHER DOCUMENTATION MUST ACCOMPANY THIS REQUEST. THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS OF DATE ON RECEIPT(S).

Total travel expenses	\$0.00
Less travel advance	
<b>Total reimbursement</b>	<b>\$0.00</b>

### For Accounting & Finance Use

Banner invoice #  Check #

Direct deposit #

Employee's signature \_\_\_\_\_

Authorized signature \_\_\_\_\_

[Reset Form](#)

[Print Form](#)

Send completed form to  
Accounting & Finance, B201  
Donna Ashbrook x3811

# Travel Expense Reimbursement (mileage and related expenses only)



Date  Index #

Employee  Index # description

NECC ID #

**\*\*Please be sure to deduct mileage for your normal daily commute and attach MapQuest or other backup documentation.**

Date	To - From - Reason	Miles	Amount	Other expenses	Total
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00

NOTE: ALL RECEIPTS AND OTHER DOCUMENTATION MUST ACCOMPANY THIS REQUEST. THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS OF DATE ON RECEIPT(S). Total

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

**For Accounting & Finance Use**

Check #

Banner invoice #  Direct deposit #

Send completed form to  
Accounting & Finance, B201  
Donna Ashbrook x3811



Instructions for the Course Substitution Form and Process  
(2009 Fall)

**Whether a student or faculty initiates the request for a course substitution, the following instructions will assist all involved parties with the process.**

1. A non-binding initial discussion occurs between the student and either the Department Chair, Program Coordinator or the responsible Assistant Dean or Dean of the area in which the substitution is being sought
2. The Department Chair or Program Coordinator and the appropriate Assistant Dean or Dean must engage in a conversation and reach some agreement
3. The "Course Substitution Form" must be completed and all appropriate signatures obtained:
  - Department Chair/Program Coordinator
  - Appropriate Assistant Dean/Dean
  - Student's signature
  - Registrar's signature/acknowledgement

An informational copy of the form must be sent to the subject area of the course that is being substituted since the information may impact the scheduling of sections and/or the course may no longer be a viable course for the program in question.

4. The appropriate form must then be submitted directly to the Registrar either in hard copy or electronically and all other copies distributed as stated on the form
5. Finally, it is extremely important that forms be submitted in a timely manner especially when students are due to graduate (at least one week before the deadline for petition to graduate}
6. In September of each year, the Academic Affairs Committee will review a Banner report showing all course substitutions made during the previous year.

# COURSE SUBSTITUTION FORM

## Student Information

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Please print:

Name: \_\_\_\_\_ NECC ID# \_\_\_\_\_  
Last First MI

Program of Study: \_\_\_\_\_

## Course Substitution

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Curriculum Requirement as listed in the Academic Advising handbook or college website.

_____	_____	_____
Course #	Course Title	# of credits

Curriculum Substitution being recommended:

_____	_____	_____
Course #	Course Title	# of credits

Justification/Explanation for substitution:

\_\_\_\_\_  
Signature of Student Date

## Required Approval/Signatures

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\_\_\_\_\_  
Signature of Director, Chair or Program Coordinator (if applicable) Date

\_\_\_\_\_  
Signature of Assistant Dean or Dean Date

\_\_\_\_\_  
Signature of Registrar Date

Original to Registrar (registrar@necc.mass.edu)  
Copies to Student, Academic Dean, Grace Young