



MRCOG TRAVEL ADVANCE
(Attach copy of Travel Authorization)

Attachment E

Traveler: _____

Fund Number: _____

Destination: _____

G/L Number(s): _____

Business Travel Began	
Date: _____	Time: _____

Business Travel Ended	
Date: _____	Time: _____

Mileage (privately-owned automobile)
_____ (miles) × _____ (MRCOG approved mileage rate) \$ _____

Airfare
Coach class commercial airfare paid by employee-**attach support** \$ _____

Meals
Maximum of **\$55.00** per day for in-state and out-of-state travel \$ _____

Meals (last day of travel)
a. Less than 2 hours of travel beyond the initial time of departure, max. **none**
b. 2 hours, but less than 6 hours beyond the initial time of departure, max. **\$18.00**
c. 6 hours, but less than 12 hours beyond the initial time of departure, max. **\$40.00**
d. 12 hours or more beyond the initial time of departure, max. **\$55.00** \$ _____

Lodging
Single occupancy rate, government rate whenever possible-**attach support** \$ _____

Other Expenses
Taxi, transportation fares, parking fees, registration fees, etc. \$ _____

Total Estimated Cost of Travel \$ _____

Amount Due 80% of Total Estimated Cost of Travel \$ _____

Employee/Public Officer Signature: _____

Date: _____

Approvals:

Supervisor: _____

Date: _____

Executive Director: _____

Date: _____