

**McHENRY COUNTY COLLEGE TRAVEL ADVANCEMENT/REIMBURSEMENT FORM**

YOUR NAME	Tom Allen <b>463983</b>	ACCOUNT NUMBER(S):	AMOUNT:	100% Cash Advance Request: <input type="checkbox"/> Yes <input type="checkbox"/> No
YOUR SUPERVISOR	Bob Tenuta	01-8050-501014-550200010	\$ 242.44	Weekend travel requires approval by your President's Cabinet Member - select one.
DIVISION/DEPT	Board of Trustees			<input type="checkbox"/> Clint Gabbard <input type="checkbox"/> Al Butler <input type="checkbox"/> Brock Fisher
TODAY'S DATE	6/19/2019			<input type="checkbox"/> Christina Haggerty <input type="checkbox"/> Chris Gray <input type="checkbox"/> Talia Koronkiewicz <input type="checkbox"/> Bob Tenuta
				Signature of PC Member & Date Approved:

\* Attach printout of your MapQuest when calculating your mileage.

Date(s) of Travel	Departed from Arrived at	As of Jan 1, 2019	Transportation	Lodging per day**	Meals require itemized receipts			Parking	Misc. Expenses	Daily Totals
		Miles Driven * x \$ 0.580			Breakfast	Lunch	Dinner			
09/13/19	MCC to ICCTA Meeting in Springfield, IL	209.00							Desc:	
		\$121.22							\$	\$121.22
09/13/19	Springfield, IL to MCC	209.00							Desc:	
		\$121.22							\$	\$121.22
		\$0.00							Desc:	\$0.00
		\$0.00							\$	\$0.00
		\$0.00							Desc:	\$0.00
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		\$0.00							Desc:	\$0.00
		\$0.00							\$	\$0.00
		\$0.00							Desc:	\$0.00
		\$0.00							\$	\$0.00
		\$0.00							Desc:	\$0.00
		\$0.00							\$	\$0.00
<b>Total Travel Expense:</b>		\$ 242.44	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 242.44

Purpose of Trip(s): Attend ICCTA meeting 09/13/19. Board Reports #19-110 attached.

Total Travel \$ 242.44

**Use only on Reimbursement request - Less: Cash Advance**

Total Due To / (Owed by) Employee \$ 242.44

Employee's Signature: *Thomas G. Allen* Date: 9-26-19

I hereby certify that the above actual expenses were incurred by me in the performance of my duties as an employee of McHenry County College, Crystal Lake, IL.

Budget Officer/Supervisor's Signature: *[Signature]* Date: 10/1/19

Controller's Signature: *[Signature]* Date: 10/2/19

See MCC Travel Policies in myMCC > Resources > Policies and Procedures Rev'd 12/17/18

Receipts must accompany the travel reimbursement form, if you do not have your detailed receipts you will not be reimbursed.

\*\* See Board Policy 2.15 for Maximum Reimbursable Rates.

- Employee is responsible to review and understand the travel procedure, and provide itemized receipts.
- Reimbursement request must be submitted **within two weeks of the last travel date.**
- Reimbursement will not be provided for expenses of a spouse, dependent or personal guest.
- Handwritten or incomplete/inaccurate forms will be returned to Employee/Supervisor.

**SALES RECEIPT**



Purchased: 09/09/2019 10:09 AM PT Thank you for your purchase.

1. Retain this receipt for your records.
2. Print the attached eTicket and carry during your trip.

Merchant ID 045441 Massachusetts Ave NW Washington, DC 20001800-USA-RAIL [Amtrak.com](http://Amtrak.com)

**Reservation Number - 0D1FD4**CHICAGO-UNION STA, IL - BLOOMINGTON NML, IL (Round-Trip) SEPTEMBER 9, 2019

**Billing Information**

ANDRES RENDON

MasterCard (Purchase)

**Total \$50.00**

**Purchase Summary - Ticket Number 2524544552141**

**Train 307: CHICAGO (UNION STATION), IL - BLOOMINGTON-NORMAL, IL** Depart 7:00 PM, Sunday, September 22, 2019  
1 RESERVED COACH SEAT

**\$37.00**  
**Subtotal**

**\$37.00**

**Train 304: BLOOMINGTON-NORMAL, IL - CHICAGO (UNION STATION), IL** Depart 5:56 PM, Monday, September 23, 2019  
1 RESERVED COACH SEAT

**\$13.00**

**Ticket Terms & Conditions** NOT VALID ON OTHER DATES/TRAINS NON-REFUNDABLE, EXCHANGES PERMITTED FOR OTHER RAIL FARE PURCHASES

**Subtotal**

**\$13.00**

**Total Charged by Amtrak**

**\$50.00**

**Passengers**

Andres Rendon

**Important Information**