

**COMPLETING THE ECC 304 (DAY TRIP AUTHORIZATION)**

**AREA HEADS**

Area heads are responsible for ensuring that funds are available in the designated travel account prior to signing this form. Forms that are submitted, utilizing accounts that have insufficient funds WILL be returned to the department/ division/ area.

**EMPLOYEES**

- ❖ Employees must exercise fiscal responsibility when selecting modes of transportation. Select reasonable options that are cost effective for the College.
- ❖ Employees must submit ALL conference information showing the announcement, schedules, dates and times that you are scheduled to be out of the office.
- ❖ NO receipts for meals will be accepted upon your return. The College does not permit meals for day trips
- ❖ In the event of a cancellation, the employee MUST IMMEDIATELY inform the Accounts Payable Office.

**EXPENSES PERMITTED (FOR EMPLOYEES ONLY)**

- 1) *Taxi* rides/ Public transportation from the College to the conference destination and back
- 2) ALL conference related taxi rides/ public transportation the employee incurs once arriving at the conference destination
- 3) Mileage. If an employee chooses to use his or her own vehicle as transportation to a conference, the employee will be reimbursed on the following basis: the roundtrip mileage from the College to the destination and back X (*multiplied by*) Internal Revenue Service prescribed mileage reimbursement rate (currently .565 per mile)

**EXPENSES NOT PERMITTED**

- 1) Limousines
- 2) Rental Cars

**SUBMIT THIS ECC 304 TO THE ACCOUNTS PAYABLE OFFICE (ROOM 6104) NO LATER THAN 15 DAYS PRIOR TO DEPARTURE**

**INCLUDE INDIVIDUALLY COMPLETED PURCHASE REQUISITIONS {ECC 402} FOR CONFERENCE COSTS (*Registration, Travel, etc.*)**

**FORM ECC 460, REQUESTS FOR REIMBURSEMENT (MUST BE SUBMITTED WITHIN 30 DAYS OF RETURN DATE)**

**ESSEX COUNTY COLLEGE DAY TRIP AUTHORIZATION**

**Please note:** This form must be submitted **no later than 15 days prior** to your day trip

Attach a copy of ALL related documents to this form. (Conference bulletin/ announcement, Registration, etc.)

Requests for reimbursement **must** be submitted within **30 days** of your listed return date. If your return date is a non-business day, the next business day counts as your return date.

**Please note:** The College does NOT cover the cost of meals for day trips

A scanned copy of this document will be emailed to you when the form is processed

**EMPLOYEE NAME (First, Last):** \_\_\_\_\_ **EMPLOYEE ID:** \_\_\_\_\_

**DATE OF ABSENCE:** \_\_\_\_\_

**NAME OF CONFERENCE /CONVENTION/ASSOCIATION:** \_\_\_\_\_

**LOCATION (INCLUDE CITY & STATE):** \_\_\_\_\_

**MODE OF TRANSPORTATION (Be specific):** \_\_\_\_\_

**BUDGET ACCOUNT (SELECT ONE):** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**WHAT ARE THE ESTIMATED COSTS TO THE INSTITUTION?**

CONFERENCE COSTS	CHECK REQUEST NUMBERS	AMOUNT (\$)
REGISTRATION FEES		
TRANSPORTATION (CAR, TRAIN)		
OTHER (Parking, Prepaid Shuttle, etc.) .....		
<b>TOTAL CONFERENCE COSTS</b>		

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **ESSEX EMAIL ADDRESS:** \_\_\_\_\_

APPROVALS		
<b>1. DEPARTMENT HEAD</b>	SIGNATURE	DATE
<b>2. AREA HEAD</b>	SIGNATURE	DATE
<b>3. BUDGET</b>	SIGNATURE	DATE

**DISTRIBUTION:**      1) ACCOUNTS PAYABLE      2) PURCHASING      3) DEPARTMENT      4) EMPLOYEE