College Travel Reimbursement for Faculty and Staff

All Travel reimbursement requests must be submitted to Accounts Payable Office **within 30 days of your return to Campus**. (This also applies to travel between BCC locations) Please do not submit reimbursements at the end of the semester, you will most likely be **past the 30 days** in which you have to submit.

- Travel requires approval in advance using the **Request for Travel Authorization** form whenever expenses over $100.00 are incurred or the trip involves an overnight stay. Submit all Approved Travel requests to Accounts Payable prior to any cost being incurred. Only one form is to be submitted for each trip. If multiple funding sources are used (e.g. Perkins, Department Operating Budget, Faculty Development) each budget code must be listed with amount approved.

- The President **must approve International Travel**. (Request and reimbursement)

- Purchasing Department will make all travel arrangements (rail, bus, airplane) through the College designated Travel Agent **at the request of the employee.**

- All **Travel reimbursements** must include a brief report explicitly stating the business purpose, sessions attended or presented, any key lessons learned, information being brought back to the Institution and how this information might be shared.

Reimbursement allowances are as follows:

- Mileage allowance: $**0.535 cents** per mile effective 2/7/17.
  - Mileage will be calculated from the College to the destination and back to the College.
  - Mileage should be calculated from one's home to destination and back **if shorter than from the College.**
  - MapQuest or Google report is required for mileage verification.
- Meal allowance: **$60.00 per day. Receipts are required for reimbursement.**
- Hotel (per day maximum): **$150.00 or at the published Conference rate**. Itemized bill is required for reimbursement.
- Gratuities (per trip maximum for luggage handling, parking etc**.):** **$10.00 per trip.**
- Travel to and from Public Carrier: **$150.00 for the entire trip**-receipt required
- Tolls: **Receipts or EZ Pass statement required**

Where the use of a personal vehicle is necessary for business travel, Bergen Community College will reimburse the employee at the mileage rates approved by the Board of Trustee at the time the employee travels. The submission of Requests for Reimbursement must comply with the College policies and procedures. Reimbursable mileage represents miles incurred for business purposes in excess of the normal commuting miles from an employee's residence to their regular location at the College.

If Shuttle service is available for round trip travel, shuttle should be used.

The following mileage schedule represents distances, one-way, between locations:

Paramus to Lyndhurst	13.7 miles	one-way
Paramus to Hackensack	7.5 miles	one-way
Paramus to Fort Lee	12.1 miles	one-way
Paramus to Mahwah	13.8 miles	one-way
Paramus to Englewood	10.4 miles	one-way
Lyndhurst to Hackensack	7.8 miles	one-way
Lyndhurst to Fort Lee	12.6 miles	one-way
Lyndhurst to Mahwah	22.4 miles	one-way
Lyndhurst to Englewood	12.3 miles	one-way
Hackensack to Fort Lee	7.2 miles	one-way
Hackensack to Mahwah	17.2 miles	one-way
Hackensack to Englewood	4.9 miles	one-way
Fort Lee to Mahwah	21.0 miles	one-way
Fort Lee to Englewood	4.8 miles	one-way

Please email any questions to Accounts Payable.

Thank you for your cooperation.

BERGEN COMMUNITY COLLEGE
Request for Travel Authorization

Name: _____ Departing (Date/Time) _____ _____ a.m./p.m.

ID Number: _____ Returning (Date/Time) _____ _____ a.m./p.m.

Department: _____

Travel Destination and Purpose: _____

_____

Estimate of Total Expenses to be Incurred:

		Estimated Cost (A)	**Expenses Paid Directly by BCC**
Transporation		_____	_____
Registration Fee		_____	_____
Meals		_____	_____
Hotel no. _____ days @ _____ Rate		_____	_____
Mileage and Tolls		_____	_____
Other	a)	_____	_____
	b)	_____	_____
	c)	_____	_____
TOTAL		$ _____	$ _____

Budget Code: _____

Budget Code: _____

A) ( ) Travel approved for a sum not to exceed $ _____

( ) Travel Disapproved

_____
Signature of Traveler

_____
Date of Request

_____
Dean/Dept./Division Head

_____
Vice President

_____
President

Accounting Only	
_____	_____
Check #	**Date**

WHITE: Accounts Payable YELLOW: Division PINK: Traveler

BERGEN COMMUNITY COLLEGE
TRAVEL REIMBURSEMENT REQUEST

NAME: _____ I.D. NUMBER: _____

DEPARTMENT/DIVISION: _____ DEPARTURE: (Date/Time) _____ RETURN: (Date/Time) _____

EXPENSES	DATES - ENTER ONE DATE PER COLUMN							TOTAL
DATE								
TRAVEL: # of miles								
Mileage $ amount								
Parking (1)								
Tolls (1)								
Airfare/Train (1)								
MEALS: (1)								
Breakfast (1)								
Lunch (1)								
Dinner (1)								
HOTEL: (1)								
Telephone: (1)								
Gratuities: (1)								
Registration Fees: (1)								
Guest Meals: (1)								

(1) Read Board Policy for required documentation.

Travel Destination & Purpose

_____

_____

_____

_____

_____

Approvals (as Required) **Date**

_____ _____
Employee

_____ _____
Dean/Dept/Division Head

_____ _____
Vice President

_____ _____
President

Total Expense Incurred $ _____

Deduct Pre Paid $ _____

Balance Due Employee $ _____

Balance Due College $ _____

Budget Codes

1. _____
2. _____
3. _____

WHITE: Accounts Payable YELLOW: Division PINK: Traveler