



## TRAVEL REGISTRATION PAYMENT FORM

**IMPORTANT - DO NOT use this form if registration has been paid by credit card-** This form is to pay the organization direct to avoid personal credit card use. Any credit card payment made will NOT be reimbursed until after travel has occurred.

- Instructions:**
- 1) Attach one copy of the completed (organization) registration forms to the **BACK** of this form.
  - 2) Fold and attach **ANOTHER** copy of completed (organization) registration forms to the **FRONT** of this form.
  - 3) Be sure to report this amount on your *Travel Expense Report Form* in the "Expense Limit" box.

Vendor # \_\_\_\_\_  
(For A/P use only)

Vendor (Name of organization) ► \_\_\_\_\_

Address ► \_\_\_\_\_

City, State, Zip ► \_\_\_\_\_

Tax ID# \_\_\_\_\_

Conference Date: ► \_\_\_\_\_

Name of Employee Attending Conference/Training: \_\_\_\_\_

Email Address: \_\_\_\_\_

Registration for (Description/Business Purpose): ► \_\_\_\_\_

<small>12 digit</small> Accounting Unit	<small>6 digit</small> Natural Account	Amount
1000 - _____ <small>(Activity account if applicable)</small>	- <b>950300</b>	\$ _____
_____	- _____ <small>(Account category if applicable)</small>	
1000 - _____ <small>(Activity account if applicable)</small>	- <b>950300</b>	\$ _____
_____	- _____ <small>(Account category if applicable)</small>	
<b>TOTAL</b>		<b>\$ _____</b>

► All registration requests must have 2 signatures to be processed ◀

Signature \_\_\_\_\_ Emp # \_\_\_\_\_ Date \_\_\_\_\_

Phone number: \_\_\_\_\_

Supervisor \_\_\_\_\_ Emp # \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Emp # \_\_\_\_\_ Date \_\_\_\_\_

Division Chair \_\_\_\_\_ Emp # \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to Travel RK-35  
<http://sharepoint.ccf.org/financedivision/accounts>