



## 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) ▶ ABC Scientific Workshops, Inc.

Address ▶ 123 Main Street

City, State, Zip ▶ Chicago, IL 60611

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

Conference Date: ▶ 10-1-2011 to 10-3-2011

Name of Employee Attending Conference/Training: John White

Email Address: jwhite123@gmail.com

Registration for (Description/Business Purpose): ▶ Attendance at annual educational meeting

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