

TRAVEL REQUEST FORM
Prior Approval Required on All Trips

Fill in form electronically, print, obtain all required signatures and submit hard copy to Purchasing. Expense claim form will be sent to traveler after approval of request form. Staff Development projects must be routed through the Resource Center. This travel is conducted as a representative of this District and a part of assigned duties.

SECTION I: TRAVELER INFORMATION

Name of Traveler: _____

Address: _____ City: _____ State/Zip: _____

Department: _____ Employee ID#: _____

SECTION II: TRIP INFORMATION

Purpose (attach trip information) _____

| Departure | | | Return | | |
|-----------|------|------|--------|------|------|
| Date | Time | From | To | Date | Time |
| | | | | | |

Airplane _____ Airport Bus _____ Personal Car _____ College Car _____ Other _____
 (Identify)

No. of Passengers _____ Names of Passengers _____

Provisions for meeting classes: _____

SECTION III: EXPENSE INFORMATION

- Note: 1. Only actual expenses will be reimbursed.
 2. Please note Cal-Card charges next to credit card advance payments.
 3. Mileage reimbursement (current allowable IRS rate).
 4. Comments: _____

Hotel Advance

- Accounting to return Hotel Advance to Traveler
 Accounting to mail Hotel Advance
 Payable to: _____
 Remit address: _____

Amount \$ _____ PV# _____

Registration Advance (with completed form)

- Accounting to return Registration Advance to Traveler
 Accounting to mail Registration Advance
 Payable to: _____
 Remit Address: _____

Amount \$ _____ PV# _____

Personal Advance * Yes No

Amount \$ _____ A/P# _____

* Advance allowed (not to exceed 75% of max. authorized) only if total authorized expenses are greater than \$100.00.
 ** A receipt must be submitted for this item in order to receive reimbursement.
 *** Meals should not exceed \$45 per diem – breakfast \$10.00, lunch \$15.00, dinner \$20.00.

| Services Requested | Cal-Card |
|------------------------------------|--------------------------|
| Ground Transportation \$ _____ ** | <input type="checkbox"/> |
| Air Transportation \$ _____ ** | <input type="checkbox"/> |
| Lodging \$ _____ ** | <input type="checkbox"/> |
| Registration Fee \$ _____ ** | <input type="checkbox"/> |
| Local Bus, Taxi \$ _____ ** | |
| Meals \$ _____ *** | |
| Telephone \$ _____ ** | |
| Supplies \$ _____ ** | |
| Other (Identify in 4.) \$ _____ ** | |
| Comments above | |
| Total Costs \$ _____ | |

BUDGET CODE:

| | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |

TRAVELER'S SIGNATURE / DATE DEPT. CHAIRPERSON / DATE DEAN/DIRECTOR / DATE MAX AUTHORIZED

APPROVED: _____
 DEPT V.P./DATE SENIOR V.P. FINANCE & ADMINISTRATIVE SERVICES / DATE PRESIDENT / DATE
 (Required for out of state/country travel)