

**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# \_\_\_\_\_

Services Requested		Cal-Card
Ground Transportation	\$ _____	**
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	\$ _____	

**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.

**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)