

# TRAVEL REQUEST FORM

**Prior Approval Required on All Trips**

**Vendor No.** \_\_\_\_\_

**Trip No.** \_\_\_\_\_  
(assigned by Purchasing)

Complete form electronically, obtain all required signatures and submit to Purchasing. The Expense Claim Form will be sent to traveler after approval of the Travel Request Form. 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.) \$ _____ | **                          |
| <b>Comments above)</b>          |                             |
| <b>Total Costs</b> \$ _____     |                             |

### 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)