SANTA ROSA JUNIOR COLLEGE

Vendor No. _____

Trip No. ___ ___ ___ ___ ___ _
(Assigned by Purchasing)

TRAVEL REQUEST FORM

Prior Approval Required Prior to Making Travel Arrangements

Please complete this form **and** obtain advance **approval/signatures** prior to registering for any business travel arrangements or committing District funds. Once approved, submit this form to Veronica Chavez in Purchasing (vchavez@santarosa.edu).

SECTION I: TRAVELER INFORMATION

Name of Traveler

Home Address	City	State/Zip

Department	Employee ID#

SECTION II: TRIP INFORMATION (Attach conference/event agenda)

Name of Conference or Event and Sponsoring Entity

Describe the specific purpose and expected outcomes of travel

Describe how you will share the information, knowledge, and resources gained with colleagues upon return (e.g., presentation at a department meeting, written summary to colleagues, training session, etc.)

Departure*				Return*	
Date	Time	From*	To*	Date	Time

***Required field**

☐ Airplane ☐ Airport Shuttle ☐ Personal Vehicle ☐ District Vehicle ☐ Other (Identify) _____

SECTION III: EXPENSE INFORMATION

Budget Code *(Object code should be 5210)*

Budget Code	Amount

Services Requested	Cal-Card	Amount
Ground Transportation **		$
Air Transportation **	☐	$
Registration **	☐	$
Meals ***		$
Other **		$
Lodging **	☐	$
Total Costs		**$**

ADVANCES

Hotel Advance

☐ Accounting to return Hotel Advance to Traveler ☐ Accounting to mail Hotel Advance

Payable to:

Remit Address:

Amount $ Date paid: _____

Registration Advance

☐ Accounting to return Registration Advance to Traveler ☐ Accounting to mail Registration Advance

Payable to:

Remit Address:

Amount $ Date paid: _____

Personal Advance

☐ Yes ☐ No

** Advance allowed (not to exceed 75% of max. authorized) only if total authorized expenses are greater than $100.00.*

Amount $ Date paid: _____

TRAVELER'S SIGNATURE / DATE	**DEPT. CHAIRPERSON / SUPERVISOR**	**SUPERVISING ADMINISTRATOR**	**MAX AUTHORIZED**

COMPONENT ADMINISTRATOR / DATE
(FOR OUT-OF-STATE/COUNTRY ONLY)

VP OF FINANCE & ADMINISTRATIVE SERVICES / DATE
(FOR OUT-OF-STATE & OUT-OF-COUNTRY ONLY)

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:

** A receipt must be submitted for this item to receive reimbursement.*
*** Meals should not exceed $45 per diem – breakfast $10.00, lunch $15.00, dinner $20.00.*
(Required for out of state/country travel)