



# TRAVEL REQUEST

**T#** \_\_\_\_\_  
Assigned by Budget Office

- Out-of-state (and over 500 miles) travel requests require board approval - fax completed travel request forms for campus personnel to your campus Vice President, Business Services, or for District personnel, to the District Budget Office.
- Requisitions are required for any prepayments.
- Itemized Expense Reimbursement form, with itemized receipts must be submitted within 30 working days after returning from trip.
- Do not use acronyms when filling out this form.

Name \_\_\_\_\_ Department & Location \_\_\_\_\_

Official Job Title \_\_\_\_\_ Travel Dates - Departing \_\_\_/\_\_\_/\_\_\_ Returning \_\_\_/\_\_\_/\_\_\_

Event Name / Purpose of Travel \_\_\_\_\_

Travel Destination - (Address, City, State) \_\_\_\_\_

**Estimated Costs:** *(Include All Costs Paid by District Funds)*

1. Mileage	\$ _____	( _____ miles @ _____ cents per mile)
2. Airfare	\$ _____	PR# _____
3. Hotel	\$ _____	PR# _____
4. Meals	\$ _____	
5. Registration Fee	\$ _____	PR# _____
6. Parking	\$ _____	PR# _____
7. Taxi / Car Rental	\$ _____	PR# _____
8. Other _____	\$ _____	PR# _____
<b>Total</b>	\$ _____	- \$ _____ = \$ _____
	Estimated Costs	Prepayments
		Balance
		PR# for Balance _____

**Student Information:**

1. Total number of students	_____
<i>(Attach a list of student names)</i>	
2. Total student travel costs	\$ _____
<i>(Not included in Estimated Costs section)</i>	
<u>Funding Source(s)</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

<u>Funding Source</u> <i>(General Fund, Grant Fund, etc.)</i>	<u>Amount</u>	<u>Budget Code</u>
_____	\$ _____	___/___/___/0/___/___/___
_____	\$ _____	___/___/___/0/___/___/___
_____	\$ _____	___/___/___/0/___/___/___
<b>Total</b>	\$ _____	<i>(Must equal Total Estimated Costs)</i>

Traveler *(print name)* \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Department Chair *(print name)* \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

College Vice President, *(print name)* \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If Applicable)*

College Vice President, Business Services *(print name)* \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If Applicable)*

President/Vice Chancellor/Chancellor *(print name)* \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_