

# TRAVEL AND CONFERENCE REQUEST

1 Name \_\_\_\_\_ ID# \_\_\_\_\_  
 Dept/Office \_\_\_\_\_  
 2 To Attend: \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 3 From \_\_\_\_\_ Thru \_\_\_\_\_  
 4 Reason for Attending \_\_\_\_\_  
 \_\_\_\_\_  
 5 Mode of Transportation \_\_\_\_\_  
 6 Auto Insurance Company Name: \_\_\_\_\_  
(Complete if personal vehicle is used for transportation, and attach a copy of insurance card)

11 **COST ESTIMATE** District Prepay

Registration Fees \_\_\_\_\_  
 Lodging (Including Tax & Surcharge) \_\_\_\_\_  
 Confirmation No. \_\_\_\_\_  
 Transportation (Airfare) \_\_\_\_\_  
 Ground Transportation \_\_\_\_\_  
 Parking/Baggage \_\_\_\_\_  
 Mileage \_\_\_\_\_  
 Meals \_\_\_\_\_  
 12 TOTAL \_\_\_\_\_  
 13 Substitute Required? YES NO HRS \_\_\_\_\_

7 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 8 Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 9 Sr. Administrator \_\_\_\_\_ Date \_\_\_\_\_  
 10 Superintendent, President or Designee \_\_\_\_\_ Date \_\_\_\_\_

14 Account No.(s) Amount Signature

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approval and Authorization**

Request is hereby granted. Payment of claim is authorized to extent that audit shows expenses incurred and supported in accord with sections 72423 amd 87032 of the Education Code and Chaffey Community College District Board Policies.

APPROVED ESTIMATED EXPENSE: \_\_\_\_\_

**ITEMIZE EXPENSES BELOW (INCLUDING PREPAYMENTS) AFTER TRAVEL IS COMPLETED**

Date	MEALS			* Receipt required			Mileage	Daily Total
	B	L	D	*Transportation	*Hotel	*Other		

Explanation of other expenses:

Subtotal: \_\_\_\_\_  
 Prepayment Total: \_\_\_\_\_  
 Reimbursement Total: \_\_\_\_\_

Accounting Services Use Only - Less amount advanced [enter warrant number(s) and amount(s)]

# \_\_\_\_\_ \$ \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

I declare under the penalty of perjury that the above information is true and correct.

If reimbursement request exceeds approved estimate, Administrator must sign below.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

\*Receipts must be attached for all expenditures except meals.

**Accounting Services Use Only**

TC# \_\_\_\_\_

Approved: \_\_\_\_\_

Business Services