

TRAVEL AUTHORIZATION FORM

All travel must be in accordance with MCCCDC Travel Administrative Regulations. Use a SEPARATE FORM for each person, except in the case of student group travel. Please attach a roster of all Travelers.

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TRAVELER	EMPLOYEE ID #	TODAY'S DATE	COLLEGE	DEPARTMENT	EMPLOYEE GROUP
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DEPARTMENT

DESTINATION: _____ Are you attending as a representative of MCCCDC? YES NO

ACTIVITY: _____ Annual Travel Acknowledgement Completed? YES NO

DATES (list travel dates): _____ Which are PERSONAL (list dates if any): _____

If FACULTY, will a substitute be employed? YES NO

MODE OF TRANSPORTATION	TRAVEL FUNDED BY
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Check all modes of transportation that will be used during the trip.

Personal Vehicle District Vehicle Plane

Other: _____

ACCT#: _____ AMOUNT: _____

ACCT#: _____ AMOUNT: _____

ACCT#: _____ AMOUNT: _____

SELF: _____ AMOUNT: _____

ESTIMATED COSTS (Include all anticipated costs.)

Only actual, PRE_APPROVED expenditures will be reimbursed. Original paid receipts must be submitted for reimbursement of all expenses except meals / per diem:

Req / PO# / ProCard

_____ AIRFARE	\$	_____
_____ LODGING	\$	_____
_____ REGISTRATION FEE	\$	_____
_____ MEALS / PER DIEM	\$	_____
_____ RENTAL CAR	\$	_____
_____ TELECOMMUNICATION	\$	_____
_____ PARKING FEES	\$	_____
_____ LOCAL TRANSPORTATION	\$	_____
_____ OTHER - specify below	\$	_____
TOTAL ESTIMATED COSTS	\$	_____

TRAVEL JUSTIFICATION (Please attach additional explanation if needed.)

Purpose of business travel, including relevance to employee's position in the District:

Tangible benefits derived from business travel:

APPROVALS

Traveler _____	Date: _____
Div/Dept. Head: _____	Date: _____
Faculty Rep./Travel Rep.: _____	Date: _____
Vice President: _____	Date: _____
President / VC: _____	Date: _____
Chancellor, if required: _____	Date: _____
Fiscal: _____	Date: _____

BUSINESS OFFICE USE ONLY

ACCOUNT NUMBER	AMOUNT
_____	_____
_____	_____
_____	_____