State Center Community College District

TRAVEL OR CONFERENCE AUTHORIZATION REQUEST

| | | (Attached completed appro | oved form to all prepaid | <u>d items req</u> | uest and | final reimburseme | ent request) | | | |
|--|---|---------------------------|--------------------------|----------------------|---|-------------------|----------------------------------|---------------------------|-----------------|--|
| NAME | | ID# | | | PHONE OR EXT. | TC No. | TC No. | | | |
| TITLE OF ACTIVITY | | | | | ACTIVITY DATE(S) | | | | | |
| DATES AWAY FROM SITE LOCAT | | LOCATION | LOCATION | | If travel is out-of-state, I have confirmed the State is not on the travel banned list. Refer to AB1887 list on the California Attorney General Website | | | | □ Yes □ Except. | |
| PURPOSE OF TRAVEL | | | | | | | | | | |
| TRAVEL DETAILS* | | | | | | | | | | |
| TRANSPORTATION NEEDED | ISPORTATION NEEDED NAME OF LODGING/CONFIRMATION # | | # OF DAYS AWAY FROM SITE | | | OTHER EXPS NEEDED | | | | |
| ESTIMATE COSTS | ' | | | 11 | | | | | | |
| BUDGET NUMBER | | | | OTHER FUNDING SOURCE | | | OTHER FUNDING AMT. (Negative) \$ | | | |
| transportation \$ | | | CONFERENCE \$ | | | MEALS \$ | | OTHER \$ | | |
| TOTAL ESTIMATE COSTS | EMPLOYEE'S SIGNATURE | | | | | | | DATE | | |
| SCIP Transaction/PO # for Pre-paid Items | | | | | | | | Maximum Amt. | | |
| PRE-TRAVEL APPROVAL | I find that th | e proposed travel meet | s the requirement | s of Distr | ict poli | cy (AR 7400/Ac | ccounting Guideline | ⊐ es 7.0 Travel & Conf | erence) | |
| DEAN/SUPERVISOR | | | DATE | VICE PRES | | RESIDENT | | | DATE | |
| PRESIDENT/VICE CHANCELLOR | | | DATE | CHANCELLO | | LOR | | | DATE | |

(Required approvals: • out-of-state – President/Chancellor | • out-of-country – Board of Trustees)

*TRAVEL DETAILS: Prior to completing this authorization form, the employee should receive verbal travel approval from their supervisor. The best rates are received when early reservations are made.

Transportation Needed- List type, i.e. airfare, rental car, personal car. Airfare estimates should include a screen shot of travel as of the date the employee has signed this form. **Lodging** - Employees are encouraged reserve lodging in advance, when cancelation without penalty can be arranged.

Meals- Estimate purposes use the full day meal allowance of \$55.00 multiply by the number of days away from site. Actual reimbursement will be based on actual travel times. **Other Expenses**- List other expenses needed, i.e. check bag, parking, fuel for rental car, etc.