

State Center Community College District
TRAVEL OR CONFERENCE AUTHORIZATION REQUEST

(Attached completed approved form to all prepaid items request and final reimbursement request)

NAME		ID#	PHONE OR EXT.	TC No.
TITLE OF ACTIVITY		ACTIVITY DATE(S)		
DATES AWAY FROM SITE	LOCATION	Faculty requesting District/grant/categorical funding to attend a conference where CEUs will be issued must initial acknowledging they cannot use those CEUs for salary advancement		Initials
PURPOSE OF TRAVEL				

TRAVEL DETAILS*

TRANSPORTATION NEEDED	NAME OF LODGING/CONFIRMATION #	# OF DAYS AWAY FROM SITE	OTHER EXPS NEEDED
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ESTIMATE COSTS

BUDGET NUMBER		OTHER FUNDING SOURCE		OTHER FUNDING AMT. (Negative) \$
TRANSPORTATION \$	LODGING \$	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 the proposed travel meets the requirements of District policy (AR 7400/Accounting Guidelines 7.0 Travel & Conference)

DEAN/SUPERVISOR	DATE	VICE PRESIDENT	DATE
PRESIDENT/VICE CHANCELLOR	DATE	CHANCELLOR	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 \$68.00 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.