

**Request for Travel Approval / Claim for Travel Expense**

Applicant: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dept: \_\_\_\_\_ Div: \_\_\_\_\_  
 Meeting/Event: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date: \_\_\_\_\_

Account	Fund	Org	Program	Class	Year	Proj/Grt	BusUnit	Fiscal Use
6 digits	2 digits	6 digits	5 digits	2 digits	4 digits	7 digits	5 characters	

**REQUEST / APPROVAL FOR TRAVEL**

**CLAIM**

**Expenses Anticipated:**

**CalCard Actual Expenses:**

**CalCard**

Mileage \_\_\_\_\_

Mileage \_\_\_\_\_  
(Prevailing IRS Standard Rate)

Commercial Transportation \_\_\_\_\_ Yes

Commercial Transportation \_\_\_\_\_ Yes   
(Receipts and Itinerary Required)

*(Purchasing Requisition Required for PrePay-  
Send Req to Purchasing Dept)-Airfare costs  
cannot exceed state contracted rates*

*Refer to contracted rates  
Official Contracted Air Fares*

Meals \_\_\_\_\_

Meals \_\_\_\_\_ Yes

Lodging + Tax \_\_\_\_\_ Yes

Lodging + Tax (\_\_\_\_ nights) \_\_\_\_\_ Yes   
(Detailed hotel invoice Required)

**Attach Prepaid Lodging Request Form**

Fiscal Use 

--	--	--

  
vendor # voucher #

Registration Fee \_\_\_\_\_ Yes

Registration Fee \_\_\_\_\_ Yes   
( Receipts Required)

**Attach Prepaid Registration Request Form**

Fiscal Use 

--	--	--

  
vendor # voucher #

Public Transportation (estimate) \_\_\_\_\_ Yes

Public Transportation \_\_\_\_\_ Yes   
(Receipts Required)

Other Permissible Expenses inc. Parking (estimate) \_\_\_\_\_ Yes

Other Permissible Expenses \_\_\_\_\_ Yes   
( Receipts Required)

Total Estimated Expenses: \_\_\_\_\_ Yes

**Travel Total Expense**  
**(\*Total must not exceed Total Funds Authorized)**

Less direct Payments to Vendor(s) \_\_\_\_\_

Less charges paid with CalCard \_\_\_\_\_

Total Due Applicant \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Funds Authorized (Completed by  
Senior/Executive Administrator OR Administrative Services Director) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Senior/Executive Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
OR Administrative Services Director

Senior/Executive Administrator's  
Signature OR Administrative Services Director

**Purpose of trip, remarks, details:**

**Cal Card Information:**  
Cardholder Name: \_\_\_\_\_

Vendor #

Voucher #

Claim #

Audited by