

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