## Palomar Community College District San Marcos, CA 92069-1487 Request for Travel Approval / Claim for Travel Expense Rate Change as of July 1, 2022

Applicant:					Ext:		Date:		
Dept:					Div:				
Meeting/Event:					City/State:				
Event Date From:	Departure Date				_		Return Date:	_	
Event Date To:			_				_		
Account	Fund	Org	Program	Class	Year	Proj/Grt	BusUnit	Fiscal Use	
					2023				
					2023				
					2023				
6 digits	2 digits	6 digits	5 digits	2 digits	4 digits	7 digits	5 characters		
REQUEST / APPROVAL FOR TRAVEL					CLAIM				
Expenses Anticipated: <u>Cal</u>					Actual Expe	enses:		CalCard	
Mileage	X 0.625			Mileage		X 0.625			
-		<del>_</del>			(Prevailing I	RS Standard Rate)			
Commercial Transportation (Purchasing Requisition Req Send Req to Purchasing Dep cannot exceed state contract	uired for Prel t)Airfare co	sts		Yes		Transportation nd Itinerary Require	<b>d</b> )	Yes	
		Refer to contract Official Contracte							
Meals					Meals			Yes	
*** Original Itemized Re	ceipts are	Required.		_ **	* Original It	emized Receipts ar	e Required.		
Lodging + Tax Attach Prepaid Lodging	Request F	orm		_Yes		ax (nights stel invoice Required		Yes	
Fiscal Use	vendor#	vouchor #							
Registration Fee Attach Prepaid Registra				_Yes	Registration ( Receipts F		_	Yes	
Fiscal Use	tion requ	3511 01111		1					
	vendor#	voucher #	•	_					
Public Transportation (estimate)				Yes	Public Trans (Receipts Re		_	Yes	
Other Permissible Expens	ses		-	Yes	Other Demo	issible Evenesse		V <b></b>	
inc. Parking (estimate)			Other Permissible Expenses ( Receipts Required)			Yes			
Total Estimated Expenses:				Yes	Travel Tota	l Expense			
Under Government Cod						•	Funds Authorized)		
Kentucky, Louisiana, Mississippi, Montana, N.Carolina, N.Dakota, Ohio,						Less direct Payments to Vendor(s)			
						es paid with CalCard	1		
Palomar College Resolution #17-21535 supports this. By signing below you							·		
Before traveling, check th current list of affected state	e Office of				Total Due A	pplicant			
current list of affected star	ies.								
Applicant's Signature			Date		Applicant Si	gnature			
Total Funds Authorized (C Senior/Executive Adminis			vices Director)						
•						Senior/Executive Administrator's			
Administrative Services D  Purpose of trip, rem		ails:	Date			R Administrative Se	ervices Director		
, , , , , , , , , , , , , , , , , , ,	,	-			Jul Gard I	ormanon.			
					Cardholder I	Name:			
					<u> </u>				

Vendor#

Voucher#

Claim #

Audited by