

Palomar Community College District
 San Marcos, CA 92069-1487
 Request for Travel Approval / Claim for Travel Expense

FY 2023 - 2024

Rate Change as of July 1, 2023

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
					2024			
					2024			
					2024			
6 digits	2 digits	6 digits	5 digits	2 digits	4 digits	7 digits	5 characters	

REQUEST / APPROVAL FOR TRAVEL

FINAL CLAIM

Expenses Anticipated:

Actual Expenses:

Mileage _____ X 0.655 _____
 _____ CalCard *Prevailing IRS Standard Rate _____ CalCard

Commercial Transportation _____ Yes Commercial Transportation _____ Yes
**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 _____ Yes Meals _____ Yes
***** Original Itemized Receipts are Required.** ***** Original Itemized Receipts are Required.**

Lodging + Tax _____ Yes Lodging+Tax _____ nights) _____ Yes
**Attach Prepaid Lodging Request Form* _____
 Fiscal Use _____
 vendor # voucher # _____
 (Detailed hotel invoice Required)

Registration Fee _____ Yes Registration Fee _____ Yes
**Attach Prepaid Registration Request Form* _____
 Fiscal Use _____
 vendor # voucher # _____

Public Transportation _____ Yes Public Transportation _____ Yes
**Estimate* _____
 (Receipts Required)

Other Permissible Expenses _____ Yes Other Permissible Expenses _____ Yes
**Include Parking Estimate* _____
 (Receipts Required)

Total Estimated Expenses: _____ Yes **Travel Total Expense** _____
Under Government Code Section 11139.8, the California Attorney General has determined, as of this date, that the following states are subject to a travel ban (click link for list): https://oag.ca.gov/ab1887. Palomar College Resolution #17-21535 support this. By signing below you are certifying that the travel requested will not take place in these states. _____
 *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 _____ Applicant's Signature _____ Date _____
Total Funds Authorized (Completed by Sr/Executive Administrator OR Administrative Services Director)

Senior/Executive Admin Signature Or Admin Services Director _____ Date _____ Senior/Executive Admin Signature OR Admin Services Director _____ Date _____

Purpose of trip, remarks, details:	Cal Card Information:
	Cardholder Name: _____

Vendor # _____ Voucher # _____
 Claim # _____ Audited by _____