Palomar Community College District
San Marcos, CA 92069-1487

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 ☐
(Purchasing Requisition Required for PrePay-   (Receipts and Itinerary Required)
Send Req to Purchasing Dept)--Airfare costs
cannot exceed state contracted rates

                    Refer to contracted rates
                     Official Contracted Air Fares

                                                   Meals _____ Yes ☐

Meals _____

Lodging + Tax _____ Yes ☐   Lodging + Tax (_____ nights) _____ Yes ☐
Attach Prepaid Lodging Request Form   (Detailed hotel invoice Required)

Fiscal Use [   ]
         vendor #   voucher #

                                                   Registration Fee _____ Yes ☐
                                                   (Receipts Required)
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 ☐
inc. Parking (estimate)   (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*