

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

FY 2022 - 2023

Rate Change as of January 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>CalCard</u>	Actual Expenses:	<u>CalCard</u>
Mileage _____ X 0.585 _____		Mileage _____ X 0.585 _____ (Prevailing IRS Standard Rate)	
Commercial Transportation _____ Yes <input type="checkbox"/>		Commercial Transportation _____ Yes <input type="checkbox"/> (Receipts and Itinerary Required)	
<small>(Purchasing Requisition Required for PrePay- Send Req to Purchasing Dept)-Airfare costs cannot exceed state contracted rates</small>			
Refer to contracted rates Official Contracted Air Fares			
Meals _____		Meals _____ Yes <input type="checkbox"/>	
*** Original Itemized Receipts are Required.		*** Original Itemized Receipts are Required.	
Lodging + Tax _____ Yes <input type="checkbox"/>		Lodging + Tax (____ nights) _____ Yes <input type="checkbox"/> (Detailed hotel invoice Required)	
Attach Prepaid Lodging Request Form			
Fiscal Use <input type="text"/> <input type="text"/> <input type="text"/>			
<small>vendor # voucher #</small>			
Registration Fee _____ Yes <input type="checkbox"/>		Registration Fee _____ Yes <input type="checkbox"/> (Receipts Required)	
Attach Prepaid Registration Request Form			
Fiscal Use <input type="text"/> <input type="text"/> <input type="text"/>			
<small>vendor # voucher #</small>			
Public Transportation (estimate) _____ Yes <input type="checkbox"/>		Public Transportation (Receipts Required) _____ Yes <input type="checkbox"/>	
Other Permissible Expenses inc. Parking (estimate) _____ Yes <input type="checkbox"/>		Other Permissible Expenses (Receipts Required) _____ Yes <input type="checkbox"/>	
Total Estimated Expenses: _____ Yes <input type="checkbox"/>			
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: Alabama, Kansas, Kentucky, Mississippi, North Carolina, South Dakota, Tennessee and Texas. Palomar College Resolution #17-21535 support this. By signing below you are certifying that the travel requested will not take place in these states.		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 _____ Applicant Signature _____
 Total Funds Authorized (Completed by Senior/Executive Administrator OR Administrative Services Director)

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

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

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