Palomar Community College District
San Marcos, CA 92069-1487

Request for Travel Approval / Claim for Travel Expense
Rate Change as of January 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	
					2023				
					2023				
					2023				
6 digits	2 digits	6 digits	5 digits	2 digits	4 digits	7 digits	5 characters		
REQUEST / APPROVAL	FOR TRAV	VEL_			<u>CLAIM</u>				
Expenses Anticipated: <u>Ca</u>					Actual Expe	nses:		<u>CalCard</u>	
Mileage		_X 0.655			Willeage		X 0.655		
					(Prevailing IR	RS Standard Rate)		_	
Commercial Transportation Yes [Purchasing Requisition Required for PrePay-Send Req to Purchasing Dept)-Airfare costs cannot exceed state contracted rates					Commercial Transportation Yes (Receipts and Itinerary Required)				
Calmot exceed state contrac	leurales	Refer to contract							
	Official Contracted Air Fares								
Meals *** Original Itemized Re	ocainte ara	Daguirad		**	* Original Ite	mized Receipts a	re Required.		
Lodging + Tax Attach Prepaid Lodging	•	-		Yes	Lodging + Ta (Detailed hote	x (nights		Yes	
Fiscal Use									
	vendor #	voucher #		_	Registration F	Fee		Yes	
Registration Fee Attach Prepaid Registra	ition Requ	est Form		Yes	(Receipts Re	equired)		_	
Fiscal Use									
	vendor#	voucher #							
Public Transportation (estimate)				Yes	Public Transp (Receipts Re		·	Yes	
				Yes ☐	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 a 5 a)			
Other Permissible ExpensesYe inc. Parking (estimate)					Other Permissible ExpensesYes				
Total Estimated Expenses:Yes				Yes	(Receipts Re	equired)			
Under Government Cod	e Section	11139.8. The Cali	fornia		Travel Total	-	Funds Authorized\		
Attorney -General has determined, as of this date, that the					(*Total must not exceed Total Funds Authorized)				
Kentucky, Mississippi, North Carolina, South Dakota,					Less direct Payments to Vendor(s)				
Tennessee and Texas. Palomar College Resolution #17-21535 support this. By signing below you are certifying that the travel					Less charges paid with CalCard				
requested will not take	place in the	ese states.			Total Due Ap	plicant			
Applicant's Signature			Date		Applicant Sig	nature			
Total Funds Authorized (0 Senior/Executive Adminis			vices Director)						
Senior/Executive Adminis	trator's Sig	nature Or			Senior/Execu	ıtive Administrator	s		
Administrative Services D		ails:	Date			Administrative S	ervices Director		
. El pood of trip, fell	, act				Car Caru II	nformation:			
					Cardholder N	lame:			

Vendor#

Voucher#

Claim #

Audited by