

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

FY 2023 - 2024

Rate Change as of January 1, 2024

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 0.67 _____	CalCard _____	Mileage _____ x 0.67 _____	CalCard _____
	<small>*Prevailing IRS Standard Rate</small>		
Commercial Transportation	Yes <input type="checkbox"/>	Commercial Transportation	Yes <input type="checkbox"/>
<small>*Purchasing Requisition Required for PrePay. Send Req to Purchasing Dept. Airfare costs cannot exceed state contracted rates</small>		<small>(Receipts and Itinerary Required)</small>	
	<small>Refer to contracted rates Official Contracted Air Fares</small>		
Meals	_____ Yes <input type="checkbox"/>	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"/>
<small>*Attach Prepaid Lodging Request Form</small>		<small>(Detailed hotel invoice Required)</small>	
Fiscal Use _____			
<small>vendor # voucher #</small>			
Registration Fee	_____ Yes <input type="checkbox"/>	Registration Fee	_____ Yes <input type="checkbox"/>
<small>*Attach Prepaid Registration Request Form</small>		<small>(Receipts Required)</small>	
Fiscal Use _____			
<small>vendor # voucher #</small>			
Public Transportation	_____ Yes <input type="checkbox"/>	Public Transportation	_____ Yes <input type="checkbox"/>
<small>*Estimate</small>		<small>(Receipts Required)</small>	
Other Permissible Expenses	_____ Yes <input type="checkbox"/>	Other Permissible Expenses	_____ Yes <input type="checkbox"/>
<small>*Include Parking Estimate</small>		<small>(Receipts Required)</small>	
Total Estimated Expenses:	_____ Yes <input type="checkbox"/>	Travel Total Expense	_____
		<small>*Total must not exceed Total Funds Authorized</small>	
		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 _____