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

FY 2024 - 2025

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
					2025			
					2025			
					2025			
6 digits	2 digits	6 digits	5 digits	2 digits	4 digits	7 digits	5 characters	

REQUEST / APPROVAL FOR TRAVEL

Expenses Anticipated:

Mileage _____ **x 0.67** _____

CalCard

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 _____

*** Original Itemized Receipts are Required.

Lodging + Tax _____ Yes ☐
*Attach Prepaid Lodging Request Form
Fiscal Use
vendor #   voucher #

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

Public Transportation _____ Yes ☐
*Estimate

Other Permissible Expenses _____ Yes ☐
*Include Parking Estimate

Total Estimated Expenses: _____ Yes ☐

FINAL CLAIM

Actual Expenses:

Mileage _____ **x 0.67** _____
*Prevailing IRS Standard Rate

CalCard

Commercial Transportation _____ Yes ☐
(Receipts and Itinerary Required)

Meals _____ Yes ☐

*** Original Itemized Receipts are Required.

Lodging+Tax _____ nights) _____ Yes ☐
(Detailed hotel invoice Required)

Registration Fee _____ Yes ☐
(Receipts Required)

Public Transportation _____ Yes ☐
(Receipts Required)

Other Permissible Expenses _____ Yes ☐
(Receipts Required)

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 Sr/Executive Administrator OR Administrative Services Director)

Applicant's Signature _____ Date _____

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* _____