

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, 2025

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

FINAL CLAIM

Expenses Anticipated:

Actual Expenses:

| | | | | | |
|---|------------------------------------|---|------------------------------------|--------------|---------|
| Mileage | _____ X 0.70 | _____ | Mileage | _____ X 0.70 | _____ |
| | | CalCard | | | CalCard |
| | | *Prevailing IRS Standard Rate | | | |
| Commercial Transportation | _____ Yes <input type="checkbox"/> | Commercial Transportation | _____ Yes <input type="checkbox"/> | | |
| *Purchasing Requisition Required for PrePay. Send Req to Purchasing Dept. Airfare costs cannot exceed state contracted rates | | (Receipts and Itinerary Required) | | | |
| 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"/> | | |
| *Attach Prepaid Lodging Request Form | | (Detailed hotel invoice Required) | | | |
| Fiscal Use | _____ | | | | |
| vendor # voucher # | | | | | |
| Registration Fee | _____ Yes <input type="checkbox"/> | Registration Fee | _____ Yes <input type="checkbox"/> | | |
| *Attach Prepaid Registration Request Form | | (Receipts Required) | | | |
| Fiscal Use | _____ | | | | |
| vendor # voucher # | | | | | |
| Public Transportation | _____ Yes <input type="checkbox"/> | Public Transportation | _____ Yes <input type="checkbox"/> | | |
| *Estimate | | (Receipts Required) | | | |
| Other Permissible Expenses | _____ Yes <input type="checkbox"/> | Other Permissible Expenses | _____ Yes <input type="checkbox"/> | | |
| *Include Parking Estimate | | (Receipts Required) | | | |
| Total Estimated Expenses: | _____ Yes <input type="checkbox"/> | 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'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