

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

FY 2025 - 2026

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
					2026			
					2026			
					2026			
6 digits	2 digits	6 digits	5 digits	2 digits	4 digits	7 digits	5 characters	

REQUEST / APPROVAL FOR TRAVEL

Expenses Anticipated:

Mileage _____ x 0.70 _____

CalCard

Mileage _____ x 0.70 _____

*Prevailing IRS Standard Rate

CalCard

Commercial Transportation

*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

Yes ☐

Commercial Transportation
(Receipts and Itinerary Required)

Yes ☐

Meals

*** Original Itemized Receipts are Required.

Meals

*** Original Itemized Receipts are Required.

Lodging + Tax

*Attach Prepaid Lodging Request Form

Fiscal Use

vendor # voucher #

Yes ☐

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

Yes ☐

Registration Fee

*Attach Prepaid Registration Request Form

Fiscal Use

vendor # voucher #

Yes ☐

Registration Fee
(Receipts Required)

Yes ☐

Public Transportation

*Estimate

Yes ☐

Public Transportation
(Receipts Required)

Yes ☐

Other Permissible Expenses

*Include Parking Estimate

Yes ☐

Other Permissible Expenses
(Receipts Required)

Yes ☐

Total Estimated Expenses:

Yes ☐

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