Palomar Community College District
San Marcos, CA 92069-1487

Request for Travel Approval / Claim for Travel Expense

FY 2026 - 2027

Rate Change as of July 1, 2026

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
					2027		PALMF	
					2027			
					2027			
6 digits	2 digits	6 digits	5 digits	2 digits	4 digits	7 digits	5 characters	

REQUEST / APPROVAL FOR TRAVEL

Expenses Anticipated:

Mileage _____ x 0.76 _____ 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 0.76 _____ CalCard
*Prevailing IRS Standard Rate

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)

Senior/Executive Admin Signature Or Admin Services Director Date

Applicant's Signature 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***