

TRAVEL REQUEST WITH EXPENSES

Person/Employee/Student ID No: _____



SAN DIEGO COMMUNITY COLLEGE DISTRICT

TR _____

PERMISSION IS HEREBY REQUESTED TO TRAVEL AS INDICATED BELOW

Last Name, First Name, Middle Initial		District Employee? <input type="radio"/> Yes <input type="radio"/> No	If Non-Employee Enter Social Security #
Site & Department		Position/Title	Work Phone
Home Address (Include Zip code)			Home Phone
Name of Organization (if any)			Member of Organization? <input type="radio"/> Yes <input type="radio"/> No
City	State or Foreign Country	Date(s) of Travel	Substitute Needed? <input type="radio"/> Yes <input type="radio"/> No

Purpose of Travel & Potential Benefit to the District: (Must be consistent with Education Code 87032 and District Policy 8960 as revised) :

METHOD OF TRAVEL: <input type="checkbox"/> Air <input type="checkbox"/> Train/Bus <input type="checkbox"/> Rental Car <input type="checkbox"/> Personal Car <input type="checkbox"/> _____							DIRECT PAY/CASH ADVANCE REQUESTED? (If Yes, attach a separate voucher for each payee)		
ABSO.C/D/ G&C/SFA/ BUDGET APPROVALS	BUDGET EXPENSE LIMITATION						Registration	<input type="radio"/> Yes	<input type="radio"/> No
	FUND	DETAIL FUND	COST CENTER	TOPS/ PROGRAM	OBJECT	AMOUNT	Lodging (hotel, motel, etc.)	<input type="radio"/> Yes	<input type="radio"/> No
							Airline Tickets (Fax approved TR to travel agency)	<input type="radio"/> Yes	<input type="radio"/> No
							Cash Advance (out-of-pocket expenses)	<input type="radio"/> Yes	<input type="radio"/> No
							Other (Specify): _____	<input type="radio"/> Yes	<input type="radio"/> No
TOTAL BUDGET EXPENSE LIMITATION ==>							FOR A/P USE ONLY		
Are all or portion of expenses to be reimbursed by another agency? <input type="radio"/> No <input type="radio"/> Yes/Name of Agency: _____ (Please Attach Copy of Invoice or Reimbursement Check) Add'l. Notes/Comments (Use separate sheet if necessary):							Open Travel Request	Initial	Date
							Post Direct Pay/Cash Advances		
							Post Air Fare Information		
							Post TR Expense Claim		
							Close Travel Request		
							Verified by Campus/Department Travel Liason Officer:	Initial	Date
							Travel Request		
							Travel Expense Claim		
							Cancel/Avoid Expense Report:	Initial	Date
							Cancel/Avoid Expense		

REQUESTED BY EMPLOYEE (Signature)	DATE	APPROVED BY ADMINISTRATIVE APPROVAL	DATE
---	------	---	------