



**Victor Valley College
Travel Authorization/Reimbursement Form**

Requisition # _____

Name Attendee _____

P.O. # _____

Attendee Address _____

Mailing Address

City

State

Zip Code

Funding Request Estimates:

Pre-Paid w/Credit Card	Pre-Paid w/Check
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Last four digits of assigned District credit card _____

Registration	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Conference Name	_____
Airfare	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Location	_____
Lodging	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Travel Dates	_____
Taxi/Shuttle	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	# of Miles (incl. map)	_____
Car-Rental	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Rate per mile	\$ _____
Parking Fees	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Mileage Total	\$ _____
Meal Total	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Approximate Total Expenses	\$ _____

Form Submitted by _____

Email and Phone Extension _____

Signature of Attendee _____

Date _____

Signature of Supervisor/Dean _____

Date _____

Signature of Budget Manager _____

Date _____

Budget Account Number _____ - _____ - _____ - _____ - _____ - _____ . 00 - _____

Budget Account Number _____ - _____ - _____ - _____ - _____ - _____ . 00 - _____

Signature of Area Vice President _____

Date _____

Signature of Superintendent/President _____

Date _____

Reimbursement Request/Statement of Expenses (complete after travel concludes)

***Specify personal reimbursements**

Dates Charged							
Registration							
Airfare							
Luggage							
Lodging							
Taxi/Shuttle							
Car Rental							
Parking fees							
Breakfast							
Lunch							
Dinner							
MapQuest Miles							
at _____¢ per mile							
Other							

TOTAL DISTRICT PAID \$ _____ TOTAL PAYABLE TO EMPLOYEE \$ _____ GRAND TOTAL \$ _____

Upon return of travel, forward original itemized receipts to Fiscal Services within 5 days. Please allow 30 days for reimbursement.

Personal reimbursements will not be disbursed until the District credit card is reconciled (if used). I certify the above information is true and accurate to the best of my knowledge. As the responsible party, I agree that all charges not directly paid by the District are my responsibility.

Attendee Signature _____

Date _____