



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?

Last four digits of credit card assigned **XXXX-XXXX-XXXX-** _____

Registration	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Conference Name	_____
Airfare	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location	_____
Lodging	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates	_____
Taxi/Shuttle	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Miles	_____
Car-Rental	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate per mile	\$ _____
Parking Fees	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mileage Total	\$ _____
Meal Total	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approximate Total Expenses	\$ _____

Signature of Attendee _____

Date _____

Signature of Supervisor/Dean _____

Date _____

Budget Account Manager _____

Date _____

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

Expense Report

Reimbursement Request/Statement of Expenses

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.

I certify that the above information is true and accurate to the best of my knowledge. As the responsible party, I agree that all charges that are not directly paid by the District are my responsibility.

Attendee Signature _____

Date _____