Victor Valley Community College Travel Authorization/Reimbursement Form

Name of Attendee: _____

Name of Conference/Workshop: _____

Location of Conference/Workshop: _____

Date(s) of Conference/Workshop: _____

Travel Authorization/Funding Request

Estimated Cost of Attendance

Meals ($35 per day max) $ _____

Mileage _____ @ $ _____ per mile: _____

(call Fiscal Services for $ per mile)

	YES	NO	
Transportation (plane, train, bus): To be prepaid?	☐	☐	_____
Registration: To be prepaid?	☐	☐	_____
Lodging/Hotel: To be prepaid?	☐	☐	_____
Other: _____ To be prepaid?	☐	☐	_____

TOTAL ESTIMATED COST OF TRAVEL: $ _____

NOTES:
1) If any of the above expenses are to be PREPAID, you MUST attach your COMPLETED registration and lodging information to this request.
2) Organization dues and memberships may not be included as part of the Travel Authorization.
Staff Development Funding Guidelines are explained on the reverse of this form.

Requisition # _____ P.O.# _____

_____ _____
Signature of Attendee Date

APPROVAL TO ATTEND:

_____ _____
Signature of Supervisor (staff) or Dean, Learning Systems (faculty) Date

Please Indicate Budget Approval

☐ _____ _____
Budget Account Manager Signature Date

☐ _____ _____
Department Budget Account # (12 digits) $ Approved

☐ _____ _____
Faculty Travel Date Faculty Travel # $ Approved

☐ _____ _____
Staff Development Date Staff Dev # $ Approved

Processing Instructions - Travel Authorization/Funding Phase

Requestor: Submit all copies to Dean or Supervisor for approval to attend, then...if using Staff Development and/or Faculty Travel Funding, send the completed Travel Authorization to the Staff Development Office. **If not using Staff Development/Faculty Travel Funding, send the completed form directly to Fiscal Services.**

White, green: Fiscal Services; Pink, goldenrod: Requestor; Canary: Staff Development

Reimbursement Request/ Statement of Expenses

To be submitted within 90 days after travel

(see 'Guidelines' on reverse side)

Transportation

Mileage _____ @ $ _____ per mile: $ _____

Plane, train, shuttle, bus: _____

Taxi/bus fares or parking: _____

Conference Registration Fees: _____

Lodging/Hotel (exit bill must show zero balance): _____

Room: Days _____ Rate = $_____

Days _____ Rate = $_____

Days _____ Rate = $_____

Lodging Total: $ _____

Meals - Itemized by day (list names of others on receipt if applicable)

Date	Brkfst	Lunch	Dinner	#People	$
Other: _____					

Sub-total of expenses: _____

LESS AMOUNT PREPAID BY DISTRICT: _____

TOTAL NET (returned or payable to employee): $ _____

I certify that the items I have listed are actual and necessary travel expenses incurred for community college district purposes and are in accordance with the Education Code for the State of California.

_____ _____
Employee Signature Date

_____ _____
Fiscal Services Approval Date

Processing Instructions - Reimbursement Request Phase

Requestor: Forward the pink copy to Fiscal Services with original receipts. Retain the goldenrod copy for your records.

7/20/99