



Victor Valley College Travel Authorization 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"/>	Event	_____
Airfare	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Location	_____
Lodging	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Dates of Travel	_____
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 _____

Date _____

Email Address _____

Phone #/Ext. _____

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 _____