



Victor Valley College

Local Travel Authorization Form

(within District - Adelanto, Apple Valley, Hesperia, Phelan, and Victorville)

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
---------------------------	---------------------

Last four digits of assigned District credit card _____

Registration	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Event	_____
Parking fees	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Location	_____
Meals	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Dates of Travel	_____
Miscellaneous	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	# of Miles (incl. map)	_____
				Rate per mile	\$ _____
				Mileage Total	\$ _____
				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 - _____