DESERT COMMUNITY COLLEGE DISTRICT

Individual Travel Approval/Claim and District Vehicle Request

Insert budget line $Insert amount

Insert Name NAME | Insert Dept DEPT | Insert budget line | $Insert amount

Approval is hereby requested to participate in the following activity on the dates and times indicated.

1. Activity:
2. Purpose:
3. Location:
4. Date(s)
5. Departure Date: Click on calendar Time: Return Date: Click on calendar Time:

**Actual and necessary travel expenses are estimated as follows:**

| | Cost Estimate | Actual Cost Claim |
|---|---|---|
| 6. Commercial Transportation: Car Rental/Airline/Charter | | |
| 7. Lodging: Hotel | | |
| 8. Meals: Current IRS allowable rate *for destination*. Go to Current Per Diem rate | | |

Hold CTRL key and click on link above to follow per diem link

**To update calculations, put cursor in cell you want to update and click on F9**

Calculator for per diem: _____ X $ = **$ .00** **←Do not edit last cell**

***Detailed receipts are required when submitting for reimbursement***

| | | |
|---|---|---|
| 9. Registration Fees/Miscellaneous Expense: | | |
| 10. Personal Auto Mileage--(IRS allowable rate link) Cells below will update when you print | | |
| Calculator for mileage: _____ X $.545 = **$ 0.00** **←Do not edit last cell** | | |
| Type of District Vehicle Requested: | | |
| **TOTAL** | **$ 0.00** | |

**Attach all receipts**

11. Remarks:

Note: (1) Pay requests for conference registration fees should be submitted on a requisition with the registration form and a copy of the approved travel request attached and submitted to the Business Office at least ten (10) working days prior to registration deadline. (2) Detailed receipts must accompany any claim being submitted for reimbursement including lodging, meals, conference fees, public transportation, taxis, airport limousines, etc.

Requested by: Traveler _____ **Signature** Date:_____

Approved By: Name of Dean/Director _____ **Signature** Date:_____

Approved By: VP, Superintendent/President _____ **Signature** Date:_____

VP or Supt/Pres signature required only for out-of-state travel
OR if traveler reports to a VP or the Superintendent/President.

**E-mail fully executed form to Jeannette Gfroerer in Fiscal Services. Original to be retained by requestor and used as a claim form upon completion of activity (see below). "Actual Cost" column to be completed, receipts attached and form forwarded for approval and payment.**

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I hereby certify that the above travel expenditures were actually and necessarily incurred in the performance of my duty, and claim reimbursement as itemized. In addition, the vehicle utilized is insured at the level required by Board policy.

Signature (Requestor):_____ Date:_____

Claim Approved by:_____ Date:_____

**Dean, Vice President, Superintendent/President**