DESERT COMMUNITY COLLEGE DISTRICT
Individual Travel Approval/Claim and District Vehicle Request

		Insert budget line	$Insert amount

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

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 $.58   =   **$ 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: <u>Traveler</u>   _____ Date:_____
                                                        Signature

Approved By: <u>Name of Dean/Director</u>   _____ Date:_____
                                                        Signature

Approved By: <u>VP, Superintendent/President</u>   _____ Date:_____
    VP or Supt/Pres signature required only for out-of-state travel
    OR if traveler reports to a VP or the Superintendent/President.   **Signature**

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.

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