DESERT COMMUNITY COLLEGE DISTRICT

Individual Travel Approval/Claim and District Vehicle Request

			<u>Insert budget line</u>	<u>\$Ins</u>	<u>ert amount</u>	
Insert Name	ļ	Insert Dept	Insert budget line	\$Ins	ert amount	
NAME	ī	DEPT				
Approval is her	eby requested to participate in the foll	owing activity	y on the dates and times indicated.			
1. Activity:						
2. Purpose:						
3. Location:						
4. Date(s)						
5. Departure D	Pate: Click on calendar Time:		Return Date: <u>Click on calendar</u>	Time:		
Actual and necessary travel expenses are estimated as follows: 6. Commercial Transportation: Car Rental/Airline/Charter			_	Cost Estimate	Actual Cost Claim	
7. Lodging: <u>H</u>	·					
	ent IRS allowable rate for destination.	Go to Curren	t Per Diem rate			
Holo	I CTRL key and click on link above to fo pdate calculations, put cursor in cell y	llow per dien	n link			
Calculator for	per diem: X \$ =	\$.00	←Do not edit last cell			
Detailed receip	ts are required when submitting for re	eimbursemer	<u> </u>			
9. Registration	Fees/Miscellaneous Expense:					
10. Personal Au	to Mileage(IRS allowable rate link) Ce	ells below wil	l update when you print			
Calculator fo	or mileage: 10 X \$.575 =	\$ 0.00	←Do not edit last cell			
Type of District	Vehicle Requested:					
	·		TOTAL	\$ 0.00		
					Attach all receipts	
11. Remarks:						
approved trave	requests for conference registration for I request attached and submitted to the ccompany any claim being submitted for nes, etc.	e Business Of	fice at least ten (10) working days pri	ior to registration d	leadline. (2) Detailed	
Requested by: <u>Traveler</u>				Date:		
Approved By: Name of Dean/Director			Signature	Date:	Date:	
			Signature			
Approved By: VP, Superintendent/President VP or Supt/Pres signature required only for out-of-state travel OR if traveler reports to a VP or the Superintendent/President.			Signature	Date:_		
	cuted form to Jeannette Gfroerer in Factivity (see below). "Actual Cost" col					
	t the above travel expenditures were actually an sured at the level required by Board policy.	nd necessarily inc	curred in the performance of my duty, and cla	aim reimbursement as i	temized. In addition, the	
Signature (Requestor):			. <u></u>	Date:		
Claim Approved by:				Date:		
	Dean, Vice President, Superir	ntendent/Pre	sident			