DESERT COMMUNITY COLLEGE DISTRICT

Individual Travel Approval/Claim and District Veh	icle Request	Insert budget line	s ćin	sert amount
			<u> </u>	<u>isert amount</u>
Insert Name	Insert Dept	Insert budget line	<u>\$1n</u>	<u>sert amount</u>
Approval is hereby requested to partici	pate in the following activity on	the dates and times indicated	l.	
1. Activity:				
2. Purpose:				
3. Location:				
4. Date(s)				
5. Departure Date: <u>Click on calendar</u>	Time:	Return Date: <u>Click on calend</u>	ar Time:	
Actual and necessary travel expenses a 6. Commercial Transportation: <u>Car Re</u>		F	Cost Estimate	Actual Cost Claim
7. Lodging: <u>Hotel</u>		-		
-	or destination. Go to <u>Current Pe</u> nk above to follow per diem lin <mark>cursor in cell you want to upd</mark> a	k		
Calculator for per diem:	X \$ = \$.00 ←	Do not edit last cell		
Detailed receipts are required when su	bmitting for reimbursement			
9. Registration Fees/Miscellaneous Exp	pense:			
10. Personal Auto Mileage <u>(IRS allowak</u> Calculator for mileage: X		date when you print Do not edit last cell		
Type of District Vehicle Requested:				
		TOTAL	\$ 0.00	
				Attach all receipts
11. Remarks:				
Note: (1) Pay requests for conference approved travel request attached and Detailed receipts must accompany a transportation, taxis, airport limousines	submitted to the Business Of ny claim being submitted fo	fice at least ten (10) working	days prior to regi	stration deadline. (2)
Requested by: <u>Traveler</u>			Date	:
		Signature		
Approved By: <u>Name of Dean/Dire</u>	<u></u>	Signature	Date	:
Approved By: <u>VP, Superintenden</u> VP or Supt/Pres signature required only			Date	:

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.

Signature

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):____

Claim Approved by:____

Dean, Vice President, Superintendent/President

Date:_____

Date:_____