

RIVERSIDE COMMUNITY COLLEGE DISTRICT TRAVEL REQUEST

T# _____
Assigned by Budget Office

- Out-of-state (and over 500 miles) travel requests require board approval - fax completed travel request forms for campus personnel to your campus Vice President, Business Services, or for District personnel, to the District Budget Office.
- Requisitions are required for any prepayments.
- Itemized Expense Reimbursement form, with itemized receipts must be submitted within 30 working days after returning from trip.
- Do not use acronyms when filling out this form.

Name _____ Department & Location _____

Official Job Title _____ Travel Dates - Departing ___/___/___ Returning ___/___/___

Event Name / Purpose of Travel _____

Travel Destination - (Address, City, State) _____

Estimated Costs: *(Include All Costs Paid by District Funds)*

| | | |
|----------------------|-----------------|---------------------------------------|
| 1. Mileage | \$ _____ | (_____ miles @ _____ cents per mile) |
| 2. Airfare | \$ _____ | PR# _____ |
| 3. Hotel | \$ _____ | PR# _____ |
| 4. Meals | \$ _____ | |
| 5. Registration Fee | \$ _____ | PR# _____ |
| 6. Parking | \$ _____ | PR# _____ |
| 7. Taxi / Car Rental | \$ _____ | PR# _____ |
| 8. Other _____ | \$ _____ | PR# _____ |
| Total | \$ _____ | - \$ _____ = \$ _____ |
| | Estimated Costs | Prepayments |
| | | Balance |
| | | PR# for Balance _____ |

Student Information:

| | |
|--|---------------|
| 1. Total number of students | _____ |
| <i>(Attach a list of student names)</i> | |
| 2. Total student travel costs | \$ _____ |
| <i>(Not included in Estimated Costs section)</i> | |
| <u>Funding Source(s)</u> | <u>Amount</u> |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total | \$ _____ |

| <u>Funding Source</u> <i>(General Fund, Grant Fund, etc.)</i> | <u>Amount</u> | <u>Budget Code</u> |
|---|---------------|---|
| _____ | \$ _____ | ___/___/___/0/___/___/___ |
| _____ | \$ _____ | ___/___/___/0/___/___/___ |
| _____ | \$ _____ | ___/___/___/0/___/___/___ |
| Total | \$ _____ | <i>(Must equal Total Estimated Costs)</i> |

Traveler *(print name)* _____ Signature _____ Date _____

Supervisor/Department Chair *(print name)* _____ Signature _____ Date _____

College Vice President, *(print name)* _____ Signature _____ Date _____
(If Applicable)

College Vice President, Business Services *(print name)* _____ Signature _____ Date _____
(If Applicable)

President/Vice Chancellor/Chancellor *(print name)* _____ Signature _____ Date _____