YOSEMITE COMMUNITY COLLEGE DISTRICT TRAVEL REQUEST

046360

This form is to be used for all trips outside the district. Permission must be secured from the President/Chancellor's office BEFORE trip is made. Please allow two weeks for processing. PLEASE TYPE OR PRINT USING BLUE OR BLACK INK.

Name(s)

Date Originated | Destination

Purpose of Trip

Date(s) of Trip | Time Leaving | Est. Time of Return

Method of Travel | School Vehicle Available

For Office Use:

Out of State Approval _____

Sent for Prepayment _____

Returned to Sender _____

Sent for Reimbursement _____

Est. Cost of Trip

Approved by Unit Manager | Approved by President/Chancellor

PREPAY INFORMATION

DATE NEEDED	PREPAY DESCRIPTION	PAYEE/VENDOR - NAME & ADDRESS	AMOUNT

FOR OFFICE USE				
	PREPAY	DATE:	RCF:	AMOUNT:
	PREPAY	DATE:	RCF:	AMOUNT:
	PREPAY	DATE:	RCF:	AMOUNT:

REIMBURSEMENT INFORMATION: (SEE INSTRUCTIONS REVERSE SIDE OF LAST COPY)

MEALS	SUN	MON	TUES	WED	THURS	FRI	SAT
BREAKFAST							
LUNCH							
DINNER							
DAILY TOTALS ▶							

TOTAL MEAL COST ▶

I/We hereby certify that this is a true and correct statement of expenditures incurred for the purpose indicated above.

Signed | Amt.$ | Date

Signed | Amt.$ | Date

Signed | Amt.$ | Date

_____ Miles @ _____ Mile

Grand Total

Account No. | Unit Mgr. Approval/Final Reimb. | Less Prepay

Approved by YCCD Business Office | Date | Reimbursement

FINAL REIMB: DATE: RCF: AMOUNT:

SAMPLE

DISTRICT COPY