

TRAVEL REQUEST FORM ASSOCIATED STUDENTS OF MODESTO JUNIOR COLLEGE

NUMBER: _____

Advisor Name: _____ Organization/Club: _____
 Purpose of the Trip: _____
 Date Originated: _____ Destination: _____
 Date(s) of Trip: _____ Time Leaving: _____
 Estimated time of return: _____

FOR OFFICE USE:	
Out of State Approval	
Event Form Number	
Non-Instructional Field Trip	
Estimated Cost of Trip:	

METHOD OF TRAVEL:

Type of transportation requested: Bus Van Sedan Indicate other: _____

Will you need to make special transportation or trip site accommodations for any attendee? Yes No
 If yes, please describe: _____

Please check location where bus should pick up students:

East Campus Indicate Location _____
 West Campus Indicate Location _____

School Vehicle Available
(Facilities use only)

 Signature of Advisor's Unit Manager Club Advisor (if applicable)

 ASMJC/Club President Associate Dean of Student Services Dean of Student Services (if applicable)

PREPAY INFORMATION

DATE NEEDED	PREPAY DESCRIPTION	PAYEE/VENDOR - NAME & ADDRESS	AMOUNT
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FOR OFFICE USE	PAYEE/VENDOR NAME	PAYEE/VENDOR NUMBER	DATE	CHECK NUMBER	AMOUNT	

REIMBURSEMENT INFORMATION:

PAYEE/VENDOR-NAME & ADDRESS	AMOUNT	CHECK NUMBER	CHECK DATE

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

 Signed Amount Date

 Signed Amount Date

 Account Number(s) Amount

Grand Total	
Less: Prepaid Reimbursements	

Assoc. Dean of Student Services Final Approval