

RIVERSIDE COMMUNITY COLLEGE DISTRICT TRAVEL REQUEST

These numbers must appear on requisitions and expense claims (Numbers are assigned by Accounting Services)

T# _____

R# _____

- To be submitted **prior** to required travel date
- Out-of-state requests **require** board approval
- Requisitions are **required** for any prepayments for conference fees, etc.
- **Itemized expense claim, with receipts must be submitted within 5 working days following travel**

Name _____ Department _____
(Please print or type)

Official Job Title _____

I request permission to attend a conference/meeting on the following date(s): _____ 200_____

Name and/or purpose of conference/meeting

Location - Address - City - State

Estimated Costs:

- | | | |
|--------------------|----------|---------------------------------------|
| 1. Mileage | \$ _____ | (_____ miles @ _____ cents per mile) |
| 2. Air Fare | \$ _____ | |
| 3. Hotels | \$ _____ | |
| 4. Meals | \$ _____ | |
| 5. Conference Fee | \$ _____ | |
| 6. Parking | \$ _____ | |
| 7. Taxi/Car Rental | \$ _____ | |
|
Total | \$ _____ | |

Signature _____

Date _____

<u>Budget Code</u>	<u>Amount</u>	<u>Approval Initials</u>	<u>Funding Source (unrestricted general fund, grant funds, staff development, etc.)</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Total	\$ _____		

President/ Vice President/Provost/Dean/Director

Date