



TRAVEL AUTHORIZATION FORM

All travel must be in accordance with MCCCCD Travel Administrative Regulations. Use a SEPARATE FORM for each person, except in the case of student group travel. Please attach a roster of all Travelers.

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TRAVELER	EMPLOYEE ID#	TODAY'S DATE	COLLEGE	DEPARTMENT	EMPLOYEE GROUP

TRAVEL INFORMATION

DESTINATION: _____ Are you attending as a representative of MCCCCD? YES NO
ACTIVITY: _____ Annual Travel Acknowledgement Completed? YES NO
DATES (list travel dates): _____ Which are PERSONAL (list dates if any?) _____
If FACULTY, will a substitute be employed? Yes No

MODE OF TRANSPORTATION (Check all modes of transportation that will be used during the trip.)

- Personal Vehicle District Vehicle Plane
 Other _____

TRAVEL FUNDED BY

ACCT# _____	AMOUNT _____
ACCT# _____	AMOUNT _____
ACCT# _____	AMOUNT _____
SELF _____	AMOUNT _____

ESTIMATED COSTS (Include all anticipated costs.)

Only actual, PRE-APPROVED expenditures will be reimbursed. Original paid receipts must be submitted for reimbursement of all expenses except meals/per diem:

Req/PO#/ProCard

_____	AIRFARE	\$ _____
_____	LODGING	\$ _____
_____	REGISTRATION FEE	\$ _____
_____	MEALS/PER DIEM	\$ _____
_____	RENTAL CAR	\$ _____
_____	TELECOMMUNICATION	\$ _____
_____	PARKING FEES	\$ _____
_____	LOCAL TRANSPORTATION	\$ _____
_____	OTHER—specify below	\$ _____

TOTAL ESTIMATED COSTS \$ _____

BUSINESS OFFICE USE ONLY

ACCOUNT NUMBER	AMOUNT

TRAVEL JUSTIFICATION (Please attach additional explanation if needed.)

Purpose of business travel, including relevance to employee's position in the District:

Tangible benefits derived from business travel: _____

APPROVALS

Traveler: _____ Date: _____
Div/Dept. Head: _____ Date: _____
Faculty Rep./Travel Rep: _____ Date: _____
Vice President: _____ Date: _____
President/VC: _____ Date: _____
Chancellor, if required: _____ Date: _____
Business Office: _____ Date: _____