

TRAVEL REQUEST FORM

| endor No |) |
|----------|--------------------------|
| Trip No. | |
| • | (assigned by Purchasing) |

Prior Approval Required on All Trips

Fill in form electronically, print, obtain all required signatures and submit hard copy to Purchasing. Expense claim form will be sent to traveler after approval of request

| name of Trave | er: | | | | | | |
|---|---|---|---|--|--|--------------------|----------------------|
| Address: | | | City: | | State/Zip: _ | | |
| Department: | | Employee ID#: | | | | | |
| SECTION II: | TRIP INFORM | ATION | | | | | |
| Purpose (attacl | n trip information) _ | | | | | | |
| Departure | | | | | | Ret | urn |
| Date Time | | From | | То | | Date | Time |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Airplane | _ Airport Bus | Personal Car | _ College Car | Other | | | |
| | | | | | (Identify) | | |
| lo. of Passeng | ers Nan | nes of Passengers | | | | | |
| Proviniona for r | nooting alassos: | | | | | | |
| 1001510115 101 1 | neeling classes. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SECTION III | : EXPENSE IN | FORMATION | Hotel Advance | | | | |
| | | | Hotel Advance | | | | |
| Note: 1. Only actu | al expenses will be rei | mbursed. | Accounting | to return Hotel Ad | | | |
| Note: 1. Only actu 2. Please not | al expenses will be rei | mbursed. o credit card advance payments. | Accounting Accounting | to return Hotel Ad | ance | | |
| lote: 1. Only actu 2. Please not 3. Mileage r | al expenses will be rein e Cal-Card charges next to eimbursement (current | mbursed. o credit card advance payments. | Accounting Accounting Payable to: | to return Hotel Ad to mail Hotel Adva | ance | | |
| Note: 1. Only actu 2. Please not 3. Mileage r | al expenses will be rei e Cal-Card charges next to eimbursement (current | mbursed. o credit card advance payments. allowable IRS rate). | Accounting Accounting Payable to: | to return Hotel Ad to mail Hotel Adva | ance | | |
| Note: 1. Only actu 2. Please not 3. Mileage r | al expenses will be rei e Cal-Card charges next to eimbursement (current | mbursed. o credit card advance payments. allowable IRS rate). | Accounting Accounting Payable to: Remit address: | to return Hotel Ad to mail Hotel Adva | ance | | |
| Note: 1. Only actu 2. Please not 3. Mileage r | al expenses will be rein e Cal-Card charges next to eimbursement (current s: | mbursed. o credit card advance payments. allowable IRS rate). | Accounting Accounting Payable to: Remit address: Amount \$ | to return Hotel Ad to mail Hotel Adva | ence PV#- | | |
| Note: 1. Only actu 2. Please not 3. Mileage r 4. Comment | al expenses will be rein e Cal-Card charges next to eimbursement (current s: | mbursed. coredit card advance payments. allowable IRS rate). Cal-Card | Accounting Accounting Payable to: Remit address: Amount \$ | to return Hotel Ad to mail Hotel Adva | ence PV#- | | |
| Note: 1. Only actu 2. Please not 3. Mileage r 4. Comment | al expenses will be reine Cal-Card charges next to eimbursement (current s: | mbursed. coredit card advance payments. allowable IRS rate). Cal-Card ** ** | Accounting Accounting Payable to: Remit address: Amount \$ Registration A | to return Hotel Advance (with contour to return Registrat | PV#- npleted form) tion Advance to Trav | | |
| Note: 1. Only actu 2. Please not 3. Mileage r 4. Comment Gervices Reque Ground Transportation odging | al expenses will be reine Cal-Card charges next to eimbursement (current s: | mbursed. coredit card advance payments. allowable IRS rate). Cal-Card ** ** | Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting | to return Hotel Advance (with common to return Registration mail Registration) | PV#- npleted form) tion Advance to Trav | | |
| Note: 1. Only actu 2. Please not 3. Mileage r 4. Comment Gervices Reque Ground Transportation odging | al expenses will be reine Cal-Card charges next to eimbursement (current s: | mbursed. coredit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: | to return Hotel Advance (with contoreturn Registration mail Registration | PV#- npleted form) tion Advance to Trav | veler . | |
| 2. Please not 3. Mileage r 4. Comment Gervices Reques Ground Transportation odging Registration Fee | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | mbursed. coredit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: | to return Hotel Advance (with contoreturn Registration mail Registration | PV#- npleted form) tion Advance to Trav | veler . | |
| Accomment 2. Please not 3. Mileage r 4. Comment Gervices Reques Fround Transportation odging Registration Fee ocal Bus, Taxi Meals | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | credit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** | Accounting Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: | to return Hotel Advance (with contour return Registration mail Registration) | PV#- npleted form) tion Advance to Trav | /eler | |
| Services Reques Ground Transportation odging Registration Fee ocal Bus, Taxi Meals Gelephone | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | coredit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: Amount \$ Amount \$ | to return Hotel Advance (with contourned to mail Registration | PV#- npleted form) tion Advance to Trav | veler . | |
| Services Reques Ground Transportation and Ground Transportation codging Registration Fee cocal Bus, Taxi Meals Gelephone Supplies | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | coredit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: Amount \$ Remit Address: Amount \$ Remit Address: | to return Hotel Advance (with common to return Registration mail Registration | PV#- PV#- Inpleted form) Ition Advance to Travon Advance PV#- PV#- PV#- | veler | |
| Services Reques Ground Transportation Codging Registration Fee Cocal Bus, Taxi Meals Felephone Supplies Other (identify in 4. | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | coredit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: Amount \$ Personal Adva Amount \$ | to return Hotel Advance (with contour to mail Registration | PV#- npleted form) tion Advance to Trav on Advance PV#- PV#- AVEN NO A/P# | /eler | |
| Services Reques Ground Transportation Codging Registration Fee Cocal Bus, Taxi Meals Felephone Supplies Other (identify in 4. comments above) | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | coredit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Accounting Payable to: Remit Address: Amount \$ Personal Adva Amount \$ Advance allor | to return Hotel Advance (with common to return Registration mail Registration mail Registration wed (not to exceed 75 | PV#_ npleted form) tion Advance to Trav on Advance PV#_ Yes | /eler | |
| Accomments above) John T. Comments 2. Please not 3. Mileage r 4. Comment 4. Comment 5. Comment 5. Comment 5. Comment 5. Comment 6. | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | coredit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: Amount \$ Personal Adva Amount \$ * Advance allow expenses are ** A receipt must | to return Hotel Advance (with common to return Registration mail R | PV#- npleted form) tion Advance to Trav on Advance PV#- Yes | veler | orized |
| 2. Please not 3. Mileage r 4. Comment 4. Comment Gervices Reques Ground Transportation odging Registration Fee ocal Bus, Taxi Meals Gelephone Gupplies Other (identify in 4. comments above) otal Costs | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | coredit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: Amount \$ Personal Adva Amount \$ * Advance allow expenses are ** A receipt must | to return Hotel Advance (with common to return Registration mail R | PV#- npleted form) tion Advance to Trav on Advance PV#- Yes | veler | orized |
| Services Reques Ground Transportation Codging Registration Fee Cocal Bus, Taxi Meals Felephone Supplies | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: Amount \$ Personal Adva Amount \$ * Advance allove expenses and expenses an | dvance (with come to return Registration mail Re | PV#- npleted form) tion Advance to Travon Advance PV#- Yes No A/P#- 5% of max. authorized) of sitem in order to receive diem – breakfast \$10.00 | veler | orized |
| Services Reques Ground Transportation Codging Registration Fee Cocal Bus, Taxi Meals Felephone Supplies Other (identify in 4. comments above) Total Costs | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | mbursed. c credit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: Amount \$ Personal Adva Amount \$ * Advance allove expenses are * A receipt muse * * * * * * * * * * * * * * * * * * * | dvance (with conto return Registration mail Regi | PV#_ npleted form) tion Advance to Trav on Advance PV#_ Yes | only if total auth | orized nt. dinner \$ |
| Services Reques Ground Transportation Codging Registration Fee Cocal Bus, Taxi Meals Felephone Supplies Other (identify in 4. comments above) Total Costs | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: Amount \$ Personal Adva Amount \$ * Advance allove expenses are * A receipt muse * * * * * * * * * * * * * * * * * * * | dvance (with conto return Registration mail Regi | PV#_ npleted form) tion Advance to Trav on Advance PV#_ Yes | veler | orized nt. dinner \$ |
| Services Reques Ground Transportation Codging Registration Fee Cocal Bus, Taxi Meals Felephone Supplies Other (identify in 4. comments above) Total Costs | al expenses will be reine Cal-Card charges next to eimbursement (current s: sted tation \$ | mbursed. c credit card advance payments. allowable IRS rate). Cal-Card ** ** ** ** ** ** ** ** ** | Accounting Accounting Accounting Payable to: Remit address: Amount \$ Registration A Accounting Accounting Payable to: Remit Address: Amount \$ Personal Adva Amount \$ * Advance allove expenses are * A receipt muse * * * * * * * * * * * * * * * * * * * | dvance (with conto return Registration mail Regi | PV#_ npleted form) tion Advance to Trav on Advance PV#_ Yes | only if total auth | orized nt. dinner \$ |

SONOMA COUNTY JUNIOR COLLEGE DISTRICT FIELD TRIP/ACTIVITY REQUEST

| Instructor/Advisor: Campus/L | ocation: | |
|---|-----------------------|--------------------|
| Class (Name/Number/Section)/Club/Other: | | |
| Activity (ies)/Destination(s) | Departure Date | Return Date |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Describe the objectives of the proposed activity(ies) and content/objectives. | now they relate to co | urse, program, euc |
| Is transportation to be provided by college? YES | NO | |
| Attach roster of proposed participants. | | |
| Participation form to be signed by each participant: Field Trip/College-Sponsored Activities Liability Wair | ver | |
| Requested By: | Date: | |
| Instructor/Advisor | | |
| Dept Chair Approval:(If applicable) | Date: _ | |
| , 22 | D . | |
| Supervising Administrator: | Date: | |
| Component VP Approval:(Or designee) | Date: _ | |
| (Or designee) | | |

Please return a copy of approved document to requestor.

REQUEST FOR USE OF SANTA ROSA JUNIOR COLLEGE VEHICLE

| DATES OF TRIP | DESTINATION | N | | | | |
|--|-----------------------|-------------------|--|-------------|--|--|
| | | (City and County) | | | | |
| PURPOSE OF TRIP | | | | | | |
| Departure time from SRJC: | AM/PM | Number of Passe | engers: | | | |
| Arrival time back to SRJC: | AM/PM | Vehicle(s) Prefe | erred: | | | |
| EQUIPMENT TO BE CARRIED: | | | | | | |
| DRIVER(S) OF CAR(S): | | | EXT: | | | |
| <u>. </u> | | | EXT: | | | |
| I UNDERSTAND THAT ONLY AU VEHICLES, AND THAT NO SMOI POLICY 4.11.4). REQUESTED BY | KING IS ALLOW | ED IN ANY DIS | TRICT VEHICLE. (RI | E F. | | |
| (Name) | | (Department) | (Ext) | | | |
| BUDGET CODE: | | _ | _5210 Conference/Trave _5220 Travel/Student _5230 Mileage Allowan _5610 Travel-Athletics _5620 Field Trips | | | |
| APPROVED BY: Department Cha | ir/Coordinator | Date | | | | |
| Please Print Nar | me | _ | | | | |
| | FOR OFFICE US | SE ONLY | | | | |
| Vehicle Assigned | | | Keys Returned | | | |
| Credit Card Assigned: | | | Credit Card Returne | ed | | |
| MILEAGE: | | | | | | |
| End Start Total | End Start Total | | | | | |
| VEHICLE NOT AVAILABLE – DEP | 'ARTMENT NOTI | FIED | | | | |
| ALTERNATE SUGGESTION: | | | | | | |
| Vahusa | | | | | | |

Vehuse Rev 12/99