

YUBA COMMUNITY COLLEGE DISTRICT TRAVEL ADVANCE REQUEST

	Travel Number	
Employee Name	Colleague ID #	
Conference Name		
Conference Location	Dates	
Departure Date	Departure Time	
Return Date	Return Time	
Names of others on trip		
Business Purpose		

ESTIMATED COST OF TRAVEL

TRANSPORTATION

<i>Name on CAL-Card</i>	Private Car - mileage est.	
<i>Name on CAL-Card/ PO #</i>	Airfare	
	Rental Car	

MEALS

R = included in registration
 X = claiming for reimbursement
Meals will be advanced if requested and cost exceeds \$75

DATE	BREAKFAST (\$10)	LUNCH (\$15)	DINNER (\$30)	
				TOTAL MEALS

Meal advance requested? Yes []

REGISTRATION (attach agenda or brochure)

Name on CAL-Card/PO# _____

Registration to be paid by check? Yes []

LODGING

Name on CAL-Card _____

Lodging advance requested? Yes

TOTAL ESTIMATED COST OF TRAVEL

TOTAL ADVANCE REQUESTED

Budget Code(s) _____

I certify that the expenses listed are for District business and in compliance with District travel policy.

Employee Name Print _____

Sign _____

Date _____

ADMINISTRATIVE APPROVALS

Dean/Supervisor	Date
Admin Approval	Date
Fiscal Services	Date