

TRAVEL REQUEST NO. _____
 NAME _____ DEPT. _____
 LOCATION _____ PHONE _____

TRAVEL REQUEST FOR:

- Conference Seminar Workshop Other _____

EVENT: _____

PLEASE ATTACH ANY AVAILABLE BROCHURES AND REGISTRATION MATERIALS

SPONSORED BY: _____
NAME OF ORGANIZATION

LOCATION OF EVENT: _____

BENEFIT OF TRAVEL TO MCCD: _____

DATES OF TRAVEL: FROM _____ TO _____

DATES YOU WILL BE ABSENT FROM WORK: _____

BUDGET INFORMATION

TRANSPORTATION: Car: _____ miles @ \$.535 /mile = \$ _____

Airfare: \$ _____ Other _____

HOTEL: Your cost for _____ nights is \$ _____ (Conference must be outside 50 mile radius of College. See Administrative Procedure 7400.)

LIST OTHER MCCD PERSONNEL WHO WILL ATTEND:

NAME	NAME	NAME
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Who will share your hotel costs? _____ Transportation costs? _____

CONFERENCE FEE \$ _____ OTHER FEES \$ _____

ADDITIONAL MEALS: \$ _____ (See Administrative Procedure 7400 for meal limits.)

TOTAL TRAVEL COST: \$ _____
(TOTAL REIMBURSEMENT MAY BE LIMITED BY ADMINISTRATIVE PROCEDURE 7400)

- ABOVE TO BE PAID FROM: District Funds Account No. _____
 Categorical Account No. _____
 Other Account No. _____

APPROVALS

SUPERVISING MANAGER'S ACTION: **I recommend approval.** Yes No (If no, return to originator)

SUPERVISING MANAGER'S SIGNATURE: _____ DATE _____

CABINET APPROVAL (if required): _____

DATE APPROVED: _____ SIGNATURE _____
(IF APPROVED, FORWARD TO FISCAL SERVICES.)

FISCAL SERVICES USE ONLY – DO NOT WRITE BELOW THIS LINE

FISCAL SERVICES ACTION: Approved for \$ _____ Source of Funding _____

COMMENTS: _____

REVIEWED BY: _____