

Travel Request and Expense Reimbursement – 2023-2024

Traveler to complete the top section and obtain supervisor’s approval prior to trip. Only one traveler per form!

Today’s Date: _____ Employee ID: _____ Campus: _____

Name: _____ Title: _____

Reason for Travel: _____ Destination: _____

If using grant funds, you must select one of the following grant objectives per the DIP/CIP. Travel is necessary for this reason:

Address a goal from the District Improvement Plan (copy goal here):

Address a goal from the Campus Improvement Plan or a need in the Comprehensive Needs Assessment (copy goal here):

Departure Date: _____ Return Date: _____

Will this traveler require a substitute? Yes No

Travel within a sixty mile radius is considered local and overnight lodging is NOT allowed unless a clear need is established and the Superintendent or CFO approves the request.

NOTE: Per local guidelines, the lodging rate is \$96 plus city/local taxes per night, per employee. By signing below, I understand that I must comply with grant regulations and have printed and attached the GSA published rate for the city or county to which I’m traveling (go to www.gsa.gov/portal/category/100120).

Employee Signature: _____ Supervisor’s Approval: _____

Traveler to complete the bottom section upon return from trip. After attaching receipts for expenses, Google Map documentation of any mileage, and a copy of Ascender PO, obtain supervisor’s approval. Do not include costs of items previously advanced. Forward completed form to the Business Office for reimbursement within 10 days of travel.

Date	Mileage (\$.625/mile)	Lodging* (\$96/GSA rate + tax)	Food**	Parking**	Other**	Total
Total Reimbursement Due Employee:						

*Indicate any additional employees staying in room: _____

****YOU WILL BE REQUIRED TO TURN IN ALL RECEIPTS –hotel, parking, food, etc.**

Employee Signature: _____

BY SIGNING I CERTIFY THAT ALL EXPENSES ARE ACTUAL AND ACCURATE

Budget Code	Amount

Business Office Approval: _____