version 2/8/23

BUTTE-GLENN COMMUNITY COLLEGE DISTRICT

TRAVEL REQUEST AND AUTHORIZATION

TR

Name ID: Date

Address Location

Purpose Contact

Departure Date Time Return Date Time

ESTIMATED EXPENSES:			No. of Days		Estimated Costs	Advance Requested
MEALS:	Breakfast	16.00 X		=	$ 0.00 -	$ -
	Lunch	17.00 X		=	$ 0.00 -	$ -
	Dinner	28.00 X		=	$ 0.00 -	$ -
	Incidental	5.00 X		=	$ 0.00 -	$ -
LODGING:	Payable To:					
	(Confirmation Number)					
#		Zip			$ -	$ -
REGISTRATION: *(attach agenda)*						
	Payable To:				$ -	$ -
		Zip				
TRANSPORTATION:	☐ * Private	☐ District	☐ Air		$ -	$ -

* By signing below, I certify that I have a valid driver's license and that liability insurance coverage is in force. I understand that if I am driving my personal automobile while on District business and I am involved in an accident, by law my liability insurance policy is used first. The District liability insurance will only be used after my policy limits have been exceeded. The District does not cover, nor is it responsible for comprehensive and collision coverage of my vehicle. The mileage reimbursement paid by the District covers all operating expenses on my automobile including, but not limited to, insurance, gas, oil, maintenance, etc. I will notify my supervisor and make other travel arrangements if no valid driver's license or liability insurance coverage is in force.

TOTAL COSTS AND REQUESTED ADVANCE $ 0.00 - $ 0.00 -

Claimant Signature Date Supervisor Approval Date

VP Approval Date President Approval Date

Business Office Review Date Business Office Approval Date

Business Office signatures are not necessarily a final approval of TR. Any changes upon review will be communicated via email.

Budget Code AB1887 Approval Date

REQUEST FOR REIMBURSEMENT (Complete Upon Return Even if No Additional Expenses are Claimed)

ACTUAL EXPENSES:	DATE:						TOTALS
Breakfast	$ 16.00						$ -
Lunch	$ 17.00						$ -
* Departure Time	Dinner	$ 28.00						$ -
	Incidental	$5.00						$ -
	MEAL AND INCIDENTAL ALLOWANCE IS ONLY AVAILABLE FOR THOSE TRIPS THAT REQUIRE AN OVERNIGHT STAY.							
	Lodging							$ -
	Registration							$ -
* Return Time	Airfare							$ -
	Auto Rental/Taxi							$ -
	Mileage		@ 0.655 =					$ -
	Parking							$ -
	Other: *(Itemize)*							$ -

* Must be completed to receive per diem

TOTAL ACTUAL EXPENSES: $ -

LESS ADVANCE AND AMOUNTS CHARGED TO DISTRICT CREDIT CARDS $ -

BALANCE TO EMPLOYEE/(PAYMENT TO DISTRICT) $ -

Claimant Signature Date Supervisor Approval Date

VP Approval Date President Approval Date

Business Office Review Date Business Office Approval Date

ALL TRAVEL FORMS *MUST BE* SIGNED AND RETURNED WITHIN FIVE WORKING DAYS OF COMPLETION OF TRAVEL