



## Victor Valley College Travel Authorization Form

Requisition # \_\_\_\_\_

Name Attendee \_\_\_\_\_

P.O. # \_\_\_\_\_

Attendee Address \_\_\_\_\_

Mailing Address

City

State

Zip Code

**Funding Request Estimates:**

Pre-Paid w/Credit Card	Pre-Paid w/Check
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Last four digits of assigned District credit card \_\_\_\_\_

Registration	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Event	_____
Airfare	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Location	_____
Lodging	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Dates of Travel	_____
Taxi/Shuttle	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	# of Miles (incl. map)	_____
Car-Rental	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Rate per mile	\$ _____
Parking Fees	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Mileage Total	\$ _____
Meal Total	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	<b>Approximate Total Expenses</b>	\$ _____

Form Submitted by \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_

Phone #/Ext. \_\_\_\_\_

Signature of Attendee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Supervisor/Dean \_\_\_\_\_

Date \_\_\_\_\_

Signature of Budget Manager \_\_\_\_\_

Date \_\_\_\_\_

Budget Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ . 00 - \_\_\_\_\_

Budget Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ . 00 - \_\_\_\_\_

Signature of Area Vice President \_\_\_\_\_

Date \_\_\_\_\_

Signature of Superintendent/President \_\_\_\_\_

Date \_\_\_\_\_