



California School Employees Association (CSEA)
Chapter #274 - Merced College
TRIP REQUEST

Date Submitted

Employee's Name Phone Number Area/Department Mail Stop #
Driver: Passengers:

Purpose of Trip: (Attach flyer, agenda, etc.)

Destination (City, State):
Departure Date: Time: Return Date: Time:
Meeting Date: Time: Meeting Ends: Time:

Mode of Travel Requested: (Select one mode below)
Private Car 9-Pass. Van 14-Pass. Van/Airplane/Train/Bus/Rental Other

Total Number of Miles, Round Trip: @ (mileage rate) = \$

Estimated Lodging: \*Receipt required for claim\*
Days: @ \$ PAY IN ADVANCE (Attach hotel confirmation) = \$

Meal Allowance: \*Less meals covered by registration (if any)
Breakfast (\$10.00) Lunch (\$15.00) Dinner (\$25.00) \$

Other Necessary Expenses: \*Receipt required for claim\*
Registration \$ Pay in advance (Attach registration info)
Parking/Taxi/Shuttle \$ Other expense description:
Other Expense \$

Requestor's Signature Date

Approving Authority Approved Denied Date

TRAVEL EXPENSE CLAIM

Total Expense Reimbursement Amount \$

Claimant's Signature Date

Approving Authority Approved Denied Date

Approved for Payment (Treasurer Use Only)
Check Number: Amount = \$ Check Issue Date: