

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

TRIP REQUEST

FISCAL SERVICES/#2050/REVISED, JANUARY 2024

DATE: _____

NAME: _____ DEPARTMENT: _____

DRIVER(S): _____ NO. OF STUDENTS (ATTACH LIST)

PASSENGERS: _____ DESTINATION (CITY,STATE) _____

PURPOSE OF TRIP (ATTACH FLYER, AGENDA, ETC)

DEPARTING DATE: _____ TIME: _____	RETURNING DATE: _____ TIME: _____	MEETING DATE: _____ TIME: _____ END DATE: _____ TIME: _____
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MODE OF TRAVEL REQUESTED:

PRIVATE CAR
 (6) PASS. VAN
 (10) PASS. VAN
 OTHER _____

TOTAL NUMBER OF MILES, ROUND TRIP _____ @ _____

AIRPLANE/TRAIN/BUS/RENTAL (*RECEIPT REQUIRED FOR CLAIM*) \$ _____ = \$ _____

ESTIMATED LODGING: EXPENSES FOR TRIPS OVER 24HRS, OUTSIDE OF THE DISTRICT BOUNDARIES SHALL BE REIMBURSED IF DEEMED PRUDENT AND REASONABLE PER BOARD POLICY 7400. ***RECEIPT REQUIRED FOR CLAIM***

DAYS _____ @ \$ _____ PAY IN ADVANCE (ATTACH HOTEL CONFIRMATION) = \$ _____

MEAL ALLOWANCE: NO RECEIPT REQUIRED

_____ BREAKFAST (____) PRIOR TO 7:30 AM
 _____ LUNCH (____)
 _____ DINNER (____) AFTER 5:30 PM

* LESS MEALS COVERED BY REGISTRATION (IF ANY) \$ _____

OTHER NECESSARY EXPENSES: (*RECEIPT REQUIRED FOR CLAIM*)

REGISTRATION \$ _____ PAY IN ADVANCE (ATTACH REGISTRATION INFO)

PARKING/TAXI/SHUTTLE \$ _____

OTHER EXPENSE \$ _____ OTHER EXPENSE DESCRIPTION _____

TOTAL EXPENSES: _____

NOT TO EXCEED AMOUNT _____

(MAX AMOUNT AUTHORIZED FOR THIS TRIP AS PER BP/AP 7400)

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____

TOTAL REQUESTED: _____

REQUESTED BY: _____ EXT. _____ STOP # _____

APPROVALS

AREA DEAN / DEPARTMENTAL MANAGER

AREA VICE PRESIDENT/ PRESIDENT

FISCAL SERVICES USE ONLY

VOUCHER _____ DATE _____	VOUCHER _____ DATE _____
PAYEE: _____	PAYEE: _____
CHECK # _____ DT# _____	CHECK # _____ DT# _____

ENC # _____ AMT \$ _____

DISENC # _____ AMT \$ _____

VOUCHER _____ DATE _____	VOUCHER _____ DATE _____
PAYEE: _____	PAYEE: _____
CHECK # _____ DT# _____	CHECK # _____ DT# _____

DRIVING CLEARANCE	
INS <input type="checkbox"/> _____	INS <input type="checkbox"/> _____
DL <input type="checkbox"/> _____	DL <input type="checkbox"/> _____

FISCAL SERVICES APPROVAL