

**OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM**

**TRIP REQUEST**

FISCAL SERVICES/#2050/REVISED, JANUARY 2026

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 \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ EXT. \_\_\_\_\_ STOP # \_\_\_\_\_

TOTAL EXPENSES: \_\_\_\_\_  
 NOT TO EXCEED AMOUNT (MAX AMOUNT AUTHORIZED FOR THIS TRIP AS PER BP/AP 7400) \_\_\_\_\_  
**TOTAL REQUESTED:** \_\_\_\_\_

**APPROVALS**

\_\_\_\_\_ AREA DEAN / DEPARTMENTAL MANAGER

\_\_\_\_\_ AREA VICE PRESIDENT/ PRESIDENT

**FISCAL SERVICES USE ONLY**

VOUCHER _____ DATE _____	VOUCHER _____ DATE _____	ENC # _____ AMT \$ _____
PAYEE: _____	PAYEE: _____	DISENC # _____ AMT \$ _____
CHECK # _____ DT# _____	CHECK # _____ DT# _____	DRIVING CLEARANCE DL <input type="checkbox"/> _____ INS <input type="checkbox"/> _____ DL <input type="checkbox"/> _____ DL <input type="checkbox"/> _____
VOUCHER _____ DATE _____	VOUCHER _____ DATE _____	
PAYEE: _____	PAYEE: _____	
CHECK # _____ DT# _____	CHECK # _____ DT# _____	

FISCAL SERVICES APPROVAL