

## 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		RETURNING		MEETING	START	END	DATE:	TIME:
DATE:	_____	DATE:	_____					
TIME:	_____	TIME:	_____				DATE:	_____
							TIME:	_____

## 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 (\_\_\_\_) \_\_\_\_\_ LUNCH (\_\_\_\_) \_\_\_\_\_ DINNER (\_\_\_\_)  
 PRIOR TO 7:30 AM 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 \_\_\_\_\_  
 PAYEE: \_\_\_\_\_  
 CHECK # \_\_\_\_\_ DT# \_\_\_\_\_

 VOUCHER \_\_\_\_\_ DATE \_\_\_\_\_  
 PAYEE: \_\_\_\_\_  
 CHECK # \_\_\_\_\_ DT# \_\_\_\_\_

ENC # \_\_\_\_\_ AMT \$ \_\_\_\_\_

DISC # \_\_\_\_\_ AMT \$ \_\_\_\_\_

 VOUCHER \_\_\_\_\_ DATE \_\_\_\_\_  
 PAYEE: \_\_\_\_\_  
 CHECK # \_\_\_\_\_ DT# \_\_\_\_\_

 VOUCHER \_\_\_\_\_ DATE \_\_\_\_\_  
 PAYEE: \_\_\_\_\_  
 CHECK # \_\_\_\_\_ DT# \_\_\_\_\_

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

FISCAL SERVICES APPROVAL \_\_\_\_\_