

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	START 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 (____)	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*)

<input type="checkbox"/> REGISTRATION \$ _____	PAY IN ADVANCE (ATTACH REGISTRATION INFO) <input type="checkbox"/>
<input type="checkbox"/> PARKING/TAXI/SHUTTLE \$ _____	
<input type="checkbox"/> 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: _____

REQUESTED BY: _____ EXT. _____ STOP # _____

APPROVALS

AREA DEAN / DEPARTMENTAL MANAGER

AREA VICE PRESIDENT/ PRESIDENT

FISCAL SERVICES USE ONLY

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