CLEAR FORM

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

TRIP REQUEST

FISCAL SERVICES/#2050/REVISED, JULY 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: _____

MODE OF TRAVEL REQUESTED: **AMOUNT**

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

TOTAL NUMBER OF MILES, ROUND TRIP _____ @ .76

☐ PLANE/TRAIN/BUS/RENTAL **(*RECEIPT REQUIRED FOR CLAIM*)** $ _____ = $ 0.00

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) ☐ = $ 0.00

MEAL ALLOWANCE: NO RECEIPT REQUIRED

_____ BREAKFAST ($16) PRIOR TO 7:30 AM _____ LUNCH ($19) _____ DINNER ($28) AFTER 5:30 PM $ 0.00

* 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 $ 0.00

TOTAL EXPENSES: $ 0.00

NOT TO EXCEED AMOUNT (MAX AMOUNT AUTHORIZED FOR THIS TRIP AS PER BP/AP 7400) _____

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____ **TOTAL REQUESTED:** $ 0.00

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# _____

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

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

ENC # _____ AMT $ _____

DISENC # _____ AMT $ _____

DRIVING CLEARANCE

INS ☐ _____ INS ☐ _____

DL ☐ _____ DL ☐ _____

_____ FISCAL SERVICES APPROVAL

Routing Procedure: INITIATOR > MANAGER/DEAN Approval > VP/PRESIDENT Approval > FISCAL SERVICES > cc: FISCAL SERVICES > Initiation/Program