

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

TRIP REQUEST - STUDENT

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		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 _____ @ _____ .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 (\$6) _____ LUNCH (\$8) _____ DINNER (\$11)
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: \$ 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# _____

ENC # _____ AMT \$ _____

DISC # _____ AMT \$ _____

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

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

DRIVING CLEARANCE			
INS	☐	SM	☐
DL	☐	TD	☐

FISCAL SERVICES APPROVAL