

## **DISTRICT TRAVEL REQUEST**

Attach trip information with this request. Submit form and supporting documents as soon as possible, but no later than 30 days prior to the activity.

District Employee Requ	uesting Travel:		
	H#	Date Submitted:	
Additional Employee(s)	Attending (Not needing reimbursement):	Destination:	
	H#		
	H#	Address:	
			<del></del>
Department:		Destination Telephone #:	
Number of Students Att	tending:	FOAPs (Include Grant name, if applicable):	Budget Approved:
Conference/Workshop	(Spell-out association name):	- Or to (modato Grant Mario, in applicable).	
Purpose of Trip:		Date/Time of Departure:	□ AM □ PM
		Date/Time of Return:	□ AM □ PM
Lodging²	OST:\$	Credit Card Used:  Confirmation #:  3 Attach meal per diem rates from https://www.  4 Attach Google Maps for mileage reimbursem  5 Employee must contact Plant Services, ext. 3 reserve a District vehicle. Keys must be chece Plant Services prior to 4:00 p.m. on a regular Will any travel expenses be paid or reimbursed agency?  Yes  No If yes, amount: \$Name of Agency:  travel, which is for the benefit of the college.	gsa.gov/ ent. 225, to ked out from working day. by another
	Signature of Applicant	Date	
HORIZATION AND APPRO	OVALS:		
artment Head/Superviso	r:		
	Print Name	Signature	Date
ervising Administrator:	D: (N	0	
	Print Name	Signature	Date
net Level Administrator:	Print Name	Signature	 Date
erintendent/President:	i intranio	Oignaturo	Date
uired for out-of-state travel)	Print Name	Signature	 Date

SUBMIT APPROVED FORM AND SUPPORTING DOCUMENTS TO accountspayable@hancockcollege.edu