TRAVEL AUTHORIZATION

SUBMIT ALL TRAVEL REQUESTS 30-45 DAYS PRIOR TO THE DATE OF TRAVEL.

Attach ALL supporting documents & estimates to this form. Refer to *Travel Instructions and Guidelines* for additional travel info*.* Click **here** for GSA per diem rates, if unsure how to calculate or require further assistance, call 755-6800. **Incomplete/Incorrect forms will be returned.**

TRAVELER'S INFORMATION				
NAME & EMPLOYEE ID #	**NAME**	**ID #**	**TITLE**	
DEPARTMENT/AREA			**PHONE #**	
EVENT NAME				
TRAVEL PERIOD	**FROM:**		**TO:**	
DESTINATION (Name of venue/hotel + **city, state, zip**)				
OUT OF STATE TRAVEL	**President's Approval Required:** Signed:			Date:
OUT OF COUNTRY TRAVEL	**Board Approval Required:** Signed:			Date:

ESTIMATED COSTS	VENDOR / DESCRIPTION	ESTIMATED COST
PERSONAL VEHICLE (Attach a Google Map with mileage originating from assigned HC campus) **Note:** Jan. 1, 2025 rate = .70 per mile	*Mileage is paid for personal vehicle use only. Driving Clearance is required **in advance** of driving for the District to be eligible for reimbursement.* **per mile** Round Trip Mileage: _____	$
OTHER TRANSPORTATION (List **ALL** modes) (Attach **CONCUR** Estimate for Airline/Rental, outside estimate for other transportation)	**Airline:** **Rental Car:** **Airport Shuttle/Other:**	$
REGISTRATION FEE (Include Check Request) (Attach copy of Registration and Event Agenda)		$
LODGING (Include CC Request IF booking outside of CONCUR) (Provide Hotel Name, City, State, Zip + Nightly Rate, # of Nights. **Include Resort Fees + Taxes in Estimate**)		$
MEALS (Include proof of GSA per diem + # of travel days and # of non-travel days and rate). **Ex: 2@$59.00, 1@$79.00**		$
OTHER EXPENSES (Includes estimate of Airport/Hotel Parking, Road Tolls, Taxi, Shuttle, Uber, Lyft, Gas for Rental)		$
	Total:	$
GL #	**2nd GL #** (Include Distribution %)	

Submit via ADOBE SIGN to route for approvals signatures. Be sure to include any Check or Credit Card Requests as needed for Registration and Lodging in your Travel Authorization Packet, and include them for signature in the Signature Process.

AUTHORIZED SIGNATURES:

Traveler _____ **Date** _____

Dean/Director/Supervisor _____ **Date** _____

 # Budget Manager _____ **Date** _____

Vice President _____ **Date** _____