



How to:

Travel Forms

Table of contents:

Preapproved Travel Forms	1-6
Direct Pay Request Forms	7-11
Conference Reimbursement Form	12-16
Submission Deadline Calendar	17

(Step 1)

Preapproval Travel Form

-To be turned in before advanced payments are requested (if no advanced payments are needed, still turn in before attendee departs)

-If Adobe sign is used, please cc travel@gavilan.edu (see page 7, 12, and 17 for Adobe Sign routing)



Travel/Conference Request Form

This form must be completed prior to any college related conference, training or travel. Fill out the form in its entirety and obtain necessary approval. For detailed information on Gavilan Travel Policies, please reference Administrative Policy 7400. To request Advance Payment for Registration, Hotel or Airfare please see Direct Pay Form.

Requestor

Name:		G#	
Affiliation:	<input type="checkbox"/> Employee	<input type="checkbox"/> Student	Faculty Substitute Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Conference Information

Conference Name:			
Location:	City:	State:	
Purpose:			
Departure Date:		Return Date:	Single Day: <input type="checkbox"/>
Mode of Transportation:	Private Auto <input type="checkbox"/>	Airplane <input type="checkbox"/>	Rental <input type="checkbox"/>

Estimated Expenses

Transportation:	
Registration Fee:	
Hotel:	
Meal (per diem):	
Mileage (miles X \$0.67):	
Other:	
Total Estimated Cost:	0

Funding Source

Fund	Org	Account	Program
Additional:			

Additional Comments

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Authorized Signatures

Supervisor:		Date:	
Budget Manager :		Date:	
(if different from Supervisor)			
Classified/Faculty Professional Dev Rep:		Date:	
Vice President:		Date:	
President:		Date:	

****President signature is only required for Out of State Travel****



Travel/Conference Request Form

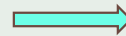
This form must be completed prior to any college related conference, training or travel. Fill out the form in its entirety and obtain necessary approval. For detailed information on Gavilan Travel Policies, please reference Administrative Policy 7400. To request Advance Payment for Registration, Hotel or Airfare please see Direct Pay Form.

Requestor

Name:	Rocky Ram		G#	G00112233	
Affiliation:	Employee <input checked="" type="checkbox"/>	Student <input type="checkbox"/>			
Faculty Substitute Needed:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			



The name of the requestor
(person traveling)



Is the requestor an employee
or student?



G# of the requestor



Is a substitute needed while on
conference?

Conference Information

Conference Name:	California College's Mascot Training		
Location:	City: Sacramento	State: CA	
Purpose:	To learn how to promote spirit and pride in the school		
Departure Date:	1/01/2025	Return Date:	1/04/2025
		Single Day:	<input type="checkbox"/>
Mode of Transportation:	Private Auto <input checked="" type="checkbox"/>	Airplane <input type="checkbox"/>	Rental <input type="checkbox"/>

→ Name of the conference being attended

→ When the requestor will be leaving and returning

→ Where is the conference going to be held?

→ Why is the requestor attending this conference?

→ How will the requestor be getting to the conference?

Estimated Expenses

➡	Transportation:	\$15
➡	Registration Fee:	\$500
➡	Hotel:	\$700
➡	Meal (per diem):	\$90
➡	Mileage (miles X \$0.70):	\$50
➡	Other:	\$20
➡	Total Estimated Cost:	1375

Funding Source

Fund	Org	Account	Program
990	999999	9999	990000
Additional:			

- ➡ Includes estimated expenses for flight, ubers, rentals
- ➡ Cost of registration
- ➡ Cost of hotel reservation
- ➡ Estimated cost of meals using per diem rates






- ➡ Mileage to and from conference (Total mileage – Normal commute if applicable)
- ➡ Other expenses not specifically listed (ex. Parking)
- ➡ Total estimated costs for whole trip (always best to over-estimate)
- ➡ FOAP for approved funding of overall conference costs. More than one FOAP can be listed

Additional Comments



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Authorized Signatures






Supervisor: _____	Date: _____
Budget Manager : _____ (if different from Supervisor)	Date: _____
Classified/Faculty Professional Dev Rep: _____	Date: _____
Vice President: _____	Date: _____
President: _____	Date: _____




*****President signature is only required for Out of State Travel*****

Trvl_Conf_Request

BSF003

8/20/24

- 
- Any information that is not already specified that you would like to us to know
- 
- Signature from your Supervisor (always)
- 
- Signature of approval for funding source (if different than Supervisor)

- 
- Signature from Rep (if conference is covered by Professional Development Classified or Faculty)
- 
- Signature from Vice President (always)
- 
- Signature from President (only if traveling out of state)

- Add the proper recipients for your department
- For the preapproved travel form, you only need to cc travel@gavilan.edu














Get documents signed

Send an agreement to others for e-signing, approval, or other processing.


Send from: Default Group (Primary Group) ?

Recipients*

Complete in Order ☒ Complete in Any Order ☐ [Add Me](#) [Add Recipient Group](#) ?

1	 <input type="text" value="ApplicantsSignature@Gavilan.edu"/>	 <input type="text" value="None"/>	 
2	 <input type="text" value="SupervisorsSignature@Gavilan.edu"/>	 <input type="text" value="None"/>	 
3	 <input type="text" value="VicePresidentsSignature@Gavilan.edu"/>	 <input type="text" value="None"/>	 
4	 <input type="text" value="Enter recipient email"/>		


CC [Hide](#)





Message*

R. Ram Travel for Adobe Sign

Please review and complete R. Ram Travel for Adobe Sign.



Files* [Add Files](#)

 R. Ram Travel for Adobe Sign.pdf 

Drag More Files Here

Options ?

☐ Password Protect

Recipients' Language

(Step 2)

Direct Pay Request for Advanced Payment

-To be used to pay for hotel reservation and/or conference registration (See Page 16 for submission deadlines for payments)

-Must have preapproved travel form turned in already and a copy attached with request

-Must provide backup that has total cost shown, confirmation #, invoice, etc



Direct Pay Request

Submit to:
accountspayable@gavilan.edu

This form is used in conjunction with Direct Payment and Employee/Student Reimbursement requests to provide additional information for supporting documents (i.e. receipts, invoices).
Submit this form along with supporting documents for your request to Accounts Payable.

Make Check Payable To: *If new vendor, provide W-9*

Name:				Vendor G#:		
Address:						
	#	City	State	ZIP		
Date Check Required:						

Item Description

(Complete a line for each receipt to reimburse, or total fee for services listed on invoice. List Registration/confirmation numbers, or invoice numbers in description box.)

Fund	Org	Account	Program	Description	Amount
Grand Total					\$0

Verification/Requestor Authorization

I hereby certify that the above goods/services were provided or obtained specifically for Gavilan College.

Requested by:			Date:	
	Name	Signature		
Approved by:			Date:	
	Name	Signature		

All Invoices should be Signed by Authorized Approver with "Approved to Pay" and PO/CON # referenced
If check-pickup is desired please message Accounts Payable

Director, Business Services



Direct Pay Request

Submit to:
accountspayable@gavilan.edu

This form is used in conjunction with Direct Payment and Employee/Student Reimbursement requests to provide additional information for supporting documents (i.e. receipts, invoices).
Submit this form along with supporting documents for your request to Accounts Payable.

Make Check Payable To: *If new vendor, provide W-9*

Name:	California College Institute		Vendor G#:	G00998877	
Address:	100 Education Street	Sacramento	CA	95823	
	#	City	State	ZIP	
Date Check Required:	1/01/25				

→ Name of institution/vendor receiving payments

→ Address where we will be sending payment

→ G# given to vendor once they are put into our system (if they are new, please request a W9 from them)

→ Date the check is required by vendor (Paperwork must be received by Business Office a minimum of 2 weeks prior to the hotel's deadline for payment receipt)

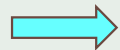
Item Description

(Complete a line for each receipt to reimburse, or total fee for services listed on invoice. List Registration/confirmation numbers, or invoice numbers in description box.)

Fund	Org	Account	Program	Description	Amount
990	999999	9999	990000	Registration for Rocky Ram	\$500
Grand Total					\$ 500



The FOAP for approved funding source for this cost



Who the registration/reservation is for, invoice number, confirmation number



The amount for that line item. Overall total will auto populate

Verification/Requestor Authorization

I hereby certify that the above goods/services were provided or obtained specifically for Gavilan College.

Requested by:

Name

Signature

Date:

Approved by:

Name

Signature

Date:

*All Invoices should be Signed by Authorized Approver with "Approved to Pay" and PO/CON # referenced
If check-pickup is desired please message Accounts Payable*

Director, Business Services

Direct_Pay_Request

BSF009

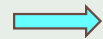
1/29/25



Printed name and signature of who is traveling



Printed name and signature of who is approving the direct pay request
(supervisor, dean, etc)



Signature from Director of Business Services, once everything is
filled out correctly and all needed documents are provided

- Add the proper recipients for your department
- Since payment is being made, accountspayable@gavilan.edu has to be the final acceptor


















Get documents signed

Send an agreement to others for e-signing, approval, or other processing.

Send from: Default Group (Primary Group) ?

Recipients*

Complete in Order ☒ Complete in Any Order ☐ [Add Me](#) [Add Recipient Group](#) ?

1		ApplicantsSignature@Gavilan.edu	 None	 
2		SupervisorsSignature@Gavilan.edu	 None	 
3		BudgetManagerSupervisor@Gavilan.edu	 None	 
4		accountspayable@gavilan.edu	 None	 
5		Enter recipient email		

CC [Hide](#)

Enter CC's emails

(Step 3)

Conference Reimbursement

-Must include backup such as: hotel folio, conference agenda, mileage, parking receipts, uber receipts with addresses shown, flight information, etc

-Must include copy of preapproved travel form



Conference Reimbursement Request Form

Submit to:
Travel@gavilan.edu

This form should be submitted within 30 days from return date, or completion of training. Approval Form BSF003 should be attached to this request along with backup documentation (itemized receipt, agenda, mileage maping, etc.)

Requestor Information

Requestor Name:		G#:	
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Conference Information

Title of Conference:	
Event/Departure Date:	Return Date:
Departure Time:	Return Time:

Expense Claim

Conference Fee :	\$	Pre-paid by:	CC	<input type="checkbox"/>	Direct Pay	<input type="checkbox"/>
Hotel :	\$			<input type="checkbox"/>		<input type="checkbox"/>
Transportation:	\$			<input type="checkbox"/>		<input type="checkbox"/>
Meal (link):	\$					
Parking :	\$					
Mileage (Miles X \$0.67):	\$				Total :	\$ 0
Other (specify):	\$				Less Prepaid :	\$
					Total Reimbursement:	\$
Total costs should be equal to or less than the estimated cost						

Additional Comments (Detail any advance payment using personal CC below)

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Approvals

I certify that all expenses claimed are valid	
Applicant	Date:
Supervisor	Date:
Budget Manager	Date:
Costs in excess of approved cost above require Vice President Approval	
Vice President	Date:



Conference Reimbursement Request Form

Submit to:
Travel@gavilan.edu

This form should be submitted within 30 days from return date, or completion of training. Approval Form BSF003 should be attached to this request along with backup documentation (itemized receipt, agenda, mileage maping, etc.)

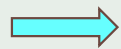
Requestor Information

Requestor Name:	Rocky Ram	G# :	G00112233	←
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Conference Information

→ Title of Conference:	California College's Mascot Training		
→ Event/Departure Date:	1/01/2025	→ Return Date:	01/04/2025
Departure Time:	8 am	Return Time:	5 pm

Ask Michelle:
Are we still
sending
these to
travel? Or
AP?



Name of who is requesting
reimbursement



Name of the conference they
attended



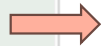
G# of the requestor



The date and time they left for the conference
and returned (please don't skip the time, this
helps with per diem calculations)

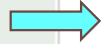
Approvals

I certify that all expenses claimed are valid



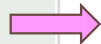
Applicant _____

Date: _____



Supervisor _____

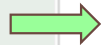
Date: _____



Budget Manager _____

Date: _____

Costs in excess of approved cost above require Vice President Approval



Vice President _____

Date: _____

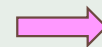
Conference_Reimbursement

BSF004

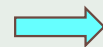
8/19/24



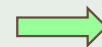
Signature from whomever is requesting reimbursement



Signature from Budget Manager if different than Supervisor



Signature from supervisor of requestor



Signature from Vice President (only if total reimbursement is greater than what was estimated on preapproval form)

- Add the proper recipients for your department
- Since payment is being made, accountspayable@gavilan.edu has to be the final acceptor


















Get documents signed

Send an agreement to others for e-signing, approval, or other processing.

Send from: Default Group (Primary Group) ?

Recipients*

Complete in Order ☒ Complete in Any Order ☐ [Add Me](#) | [Add Recipient Group](#) | ?

1	 v	ApplicantsSignature@Gavilan.edu	 v None	 
2	 v	SupervisorsSignature@Gavilan.edu	 v None	 
3	 v	BudgetManagerSupervisor@Gavilan.edu	 v None	 
4	 v	accountspayable@gavilan.edu	 v None	 
5	 v	Enter recipient email		

CC [Hide](#)

Enter CC's emails

<div> Today < > February 2025 <div> Month </div> </div>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Jan 26	27	28	29	30	31	Feb 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	Mar 1

If the completed travel forms are received by Accounts Payable by end of day Thursday (highlighted in peach above), the payment will be processed with the following week's check run (highlighted in teal above).

If the completed paperwork is received Friday (highlighted in purple above) through the following Thursday, the payment will be processed on the Thursday highlighted in blue.