CC: Travel@gavilan.edu
when routing for signature

GAVILAN COLLEGE

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: ☐ Employee ☐ Student Faculty Substitute Needed: ☐ Yes ☐ No

Conference Information

Conference Name: _____

Location: City: _____ State: _____

Purpose: _____

Departure Date: _____ Return Date: _____ Single Day: ☐

Mode of Transportation: Private Auto ☐ Airplane ☐ Rental ☐

Estimated Expenses

Transportation:	
Registration Fee:	
Hotel:	
Meal (per diem):	
Mileage (miles x $0.725):	
Other:	
Total Estimated Cost:	0

Funding Source

Fund	Org	Account	Program
Additional:			

Additional Comments

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