

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 \$0.70): _____
Other: _____
Total Estimated Cost: _____

Funding Source

Fund	Org	Account	Program
Additional: _____			

Additional Comments

Authorized Signatures

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

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