

## 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\*\***