

TRAVEL APPLICATION

Traveler's Name: John Doe Group Leader: Volunteer: Student:
 Home Address: 12345 ABC Way Fresno, CA 93740
 Employee ID: 12345678 Department: Academic Affairs
 Cell Phone: 559-123-4567 Email: johndoe@zimbra.net

TRAVEL ITINERARY

Destination(s): Phoenix, AZ
 Purpose of Trip: Judging Contest
 Date(s): Departing: 02/07/2024 Hour: _____ Returning: 02/09/2024 Hour: _____

ESTIMATED TRAVEL EXPENSES

Train State Car Rental Vehicle Plane (Direct Bill) 157.89
 Privately Owned Vehicle (Authorization form must be on file) _____
 Lodging 200.00
 Meals / Incidentals (Max. \$55.00/day + \$7.00/day incidentals) Itemized receipts required for meals _____
 Registration 120.00

Other: _____

Total \$ 477.89

State contract rates have been used where available JD (applicant's initials)

If trip is to be reimbursed by other funds/agency, enter name of agency: N/A

TRAVEL EXPENSES

Travel Claim Reimbursement	Account	Fund	Department	Program	Class	Project
447.89	606001	00000	12345		41234	

REQUEST FOR PAYMENT / REIMBURSEMENT

Payment Request: _____ (Attach Inv or Reg Form) Reimbursement Request: _____ (Attach Receipt)

Amount	Account	Fund	Department	Program	Class	Project

Payable to: John Doe Mail check by (date): 01/23/2024

Remit address: 12345 ABC Way Fresno, CA 93740 Payment Amount: 200.00

ADVANCE - FOR GROUP / STUDENT TRAVEL ONLY

Advance requested in amount of \$ 200.00 to be paid by (date) 01/23/2024

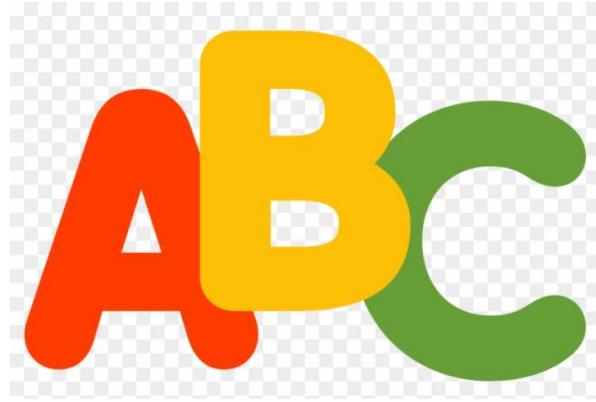
APPROVING SIGNATURES

Applicant's Signature: _____ Date _____ Applicant's Report to: _____ Date _____

Dean/Director (if applicable) _____ Date _____ Authorized Signature for Dept ID# _____ Date _____

Provost/VP (if applicable) _____ Date _____ President (if applicable) _____ Date _____

Travel Expense Claims are due in the Accounting office no later than 30 days from the trip return date.



ABC Conference

ITEM	Price	Quantity	Total
Registration Fee	\$120.00	1	\$120.00

Early Bird Registration



ABC Conference

February 7-8 2024

\$45.00 Entry Fee

Contact

Sue Mendoza

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