CR College of the Redwoods
Travel Advance Request

Please complete this form for all travel, trainings, meetings, and conferences. Your Travel Request Authorization must be submitted with this form.

Name: _____ Employee ID: _____

Department: _____

Name of Event: _____

Location of Event: _____ Date(s) of Event: _____

Signature: _____ Date: _____

COST ESTIMATES

1. Please refer to Board Policy 7400 Rules Applicable to All Travel.

2. Please fill in the cost estimates below.

3 . Send the form through the Adobe Sign signature process, then to Purchasing@redwoods.edu, or cc Purchasing@redwoods.edu through Adobe Sign.

The Travel Expense Form must be completed within 14 days of your return from the travel event. The Travel Expense Form is used to finalize the travel and process payment for expenses to be reimbursed.

$_____ **REGISTRATION** – Please attach your confirmation showing you registered for the conference, dollar amount due, conference name, and conference agenda.

$_____ **AIR FARE** – Economy class only. Please attach a copy of the reservation or invoice showing travel date and time. Traveler is responsible for all upgrades to higher classes.

$_____ **CAR RENTAL** – Reservations must be made with Enterprise Rent-A-Car using the District's Corporate Account Number: DB30H13

$_____ **Taxi, Rideshare, Tolls, Shuttle, Parking** – Valet parking charges will only be reimbursed when reasonable and appropriate. For example, when the hotel does not offer self-parking.

$_____ **Lodging** – Hotel reservation confirmation

$_____ **Other** – Itemized receipts required.

$_____ **MEALS** – Not to exceed $47 per day. All meals provided by the event and/or hotel will not be reimbursed.

	Number of meals	-	Number of meals provided at event or Hotel	=	Total Meals	
Breakfast(s)	_____	-	_____	=	_____	@ $11.00 ea.
Lunch(es)	_____	-	_____	=	_____	@ $13.00 ea.
Dinner(s)	_____	-	_____	=	_____	@ $23.00 ea.

Advance Amount Requested: $ _____

APPROVED BY:

Manager: _____ Signature: _____ Date: _____

Senior Staff: _____ Signature: _____ Date: _____

President: _____ Signature: _____ Date: _____
(out-of-state travel only)

*Travel outside of the country requires Board Approval prior to travel.

_____ _____ _____ _____ _____
SUBFUND   COST CENTER   PROGRAM   ACTIVITY   OBJECT