## OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

TRIP REQUEST

FISCAL SERVICES/#2050/REVISED, DECEMBER 2021

DATE: \_

NAME:DEPARTM				ENT:		
DRIVER(S):			_	NO. OF STUDENTS (ATTACH LIST)		
PASSENGERS: —				- DESTINATION (CITY,STATE)		
PURPOSE OF TRIP (ATTACH FLYER,AGENDA,ETC)				TART	DATE:	
DAT DEPARTING	'E:	DAT RETURNING	E:		DATE.	
		TIM	E:			
					AMOUNT	
PRIVATE CAR		(10) PASS. VAN				
TOTAL NUMBER OF MILES, ROUND TRIP@ ARPLANE/TRAIN/BUS/RENTAL (*RECEIPT REQUIRED FOR CLAIM*) \$\$						
LAJRPLANE/TRAIN	/BUS/RENTAL (*RECEIPT	REQUIRED FOR CLAIM*)	\$		= \$	
ESTIMATED LODGING: EXPENSES FOR TRIPS OVER 24HRS, OUTSIDE OF THE DISTRICT BOUNDARIES SHALL BE REIMBURSED IF DEEMED PRUDENT AND REASONABLE PER BOARD POLICY 7400. *RECEIPT REQUIRED FOR CLAIM* DAYS @ \$ PAY IN ADVANCE (ATTACH HOTEL CONFIRMATION) = \$						
MEAL ALLOWANCE: NO RECEIPT REQUIRED						
BREAKFAST ()   LUNCH ()   DINNER ()     PRIOR TO 7:30 AM   AFTER 5:30 PM					\$	
* LESS MEALS COVERED BY REGISTRATION (IF ANY)					\$	
OTHER NECESSARY EXPENSES: (*RECEIPT REQUIRED FOR CLAIM*)   REGISTRATION \$   PARKING/TAXI/SHUTTLE \$   OTHER EXPENSE \$   OTHER EXPENSE \$						
ACCOUNT NUMBER:			(MAX	NOT TO EXCEED AMC AMOUNT AUTHORIZED FOR THIS TRIP AS PER BI		
ACCOUNT NUMBER:				TOTAL REQUESTE	D:	
REQUESTED BY:			EXT	STOP #		
		APPI	ROVALS			
AREA DEAN / DEPARTMENTAL MANAGER				AREA VICE PRESIDENT/ PRESIDENT		
		FISCAL SERV	ICES USE ONLY			
	DATE	VOUCHER	DATE	ENC #	AMT \$	
PAYEE:		PAYEE:		DISENC #	AMT \$	
CHECK #	DT#	CHECK #	DT#	— I I	DRIVING CLEARANCE	
VOUCHER	DATE	VOUCHER	DATE			
PAYEE:		PAYEE:		_   [° <b>⊔</b>	ă <b>D</b>	
CHECK #	DT#	СНЕСК #	DT#		SERVICES APPROVAL	
				FISCAL	JENVICED AF PROVAL	

Routing Procedure: INITIATOR > MANAGER/DEAN Approval > VP/PRESIDENT Approval > FISCAL SERVICES > cc: FISCAL SERVICES > Initiatior/Program