OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM TRIP REQUEST

FISCAL SERVICES/#2050/REVISED, JANUARY 2025

	FISCAL SERV	ICES/#2050/REVISED, JANU	JARY 2025	DATE:		
NAME:			DEPARTMENT:			
DRIVER(S):				NO. OF STUDENTS (ATTACH LIST)		
PASSENGERS: —				— DESTINATION (CITY,STATE)	_	
PURPOSE OF TRIP (ATTACH FLYER,AGENDA,	ETC)			TIME TIME TIME TO THE TIME TO	E:	
DAT DEPARTING TIM		RETURNING	ME:	MEETING DAT		
MODE OF TRAVE			IVIE.	TIIVI	AMOUNT	
		(10) PASS. VAN	OTHER		7	
TOTAL I	NUMBER OF MILES, RO	OUND TRIP	@	_		
RPLANE/TRAIN/BUS/RENTAL (*RECEIPT REQUIRED FOR CLAIM*)					= \$	
	MED PRUDENT AND REA	RIPS OVER 24HRS, OUTSIDE SONABLE PER BOARD POLI PAY IN AL	CY 7400. *RECEIPT RI	EQUIRED FOR CLAIM*	= \$	
	CE: NO RECEIPT REQUIR	ED				
·	KFAST () R TO 7:30 AM	LUNCH ()	DINNER () AFTER 5:30 PM		\$	
* LESS MEALS COVERED BY REGISTRATION (IF ANY)						
REGISTRATIO PARKING/TAX OTHER EXPE	N \$ XI/SHUTTLE \$	EIPT REQUIRED FOR C PAY IN ADVANC	<u>-</u>			
ACCOUNT NUMBE			(MA	AX AMOUNT AUTHORIZED FOR THIS TRIP AS PER BP/AP 74		
ACCOUNT NUMBER:				TOTAL REQUESTED:		
REQUESTED BY:			EXT	STOP #	<u> </u>	
		API	PROVALS			
AREA DEAN / DEPARTMENTAL MANAGER				AREA VICE PRESIDENT/ PRESIDENT		
		FISCAL SER	VICES USE ONLY			
VOUCHER	DATE	VOUCHER	DATE	ENC #	AMT \$	
PAYEE:		PAYEE:		DISENC #	AMT \$	
CHECK #	DT#	CHECK #	DT#		DRIVING CLEARANCE	
VOUCHER	DATE	VOUCHER_	DATE		_ <u> </u>	
PAYEE:		PAYEE:		_	_ _ L	
CHECK#	DT#	CHECK #	DT#			
				FISCAL SER	VICES APPROVAL	