

TRAVEL REQUEST FORM
STUDENT TRAVEL/FIELD TRIPS

SANTA ROSA JUNIOR COLLEGE
1501 Mendocino Avenue Santa
Rosa, CA 95401



Prior Approval Required on ALL Trips (The Supt./Pres. approves all Out-of-State travel)

Name of Instructor: _____ Date: _____

Title _____ Department _____

Number of Passengers: _____

BUDGET CODE: _____ - _____ - _____ - _____ - _____ - _____ - _____

Purpose: _____

Departure		From	To	Return	
Date	Time			Date	Time

ADVANCE REQUEST

ACTUAL EXPENSES

STUDENT MEALS:

Breakfast #days _____ # _____ x\$ _____ = _____

Lunch #days _____ # _____ x\$ _____ = _____

Dinner #days _____ # _____ x\$ _____ = _____

STAFF MEALS:

Breakfast #days _____ # _____ x\$ _____ = _____

Lunch #days _____ # _____ x\$ _____ = _____

Dinner #days _____ # _____ x\$ _____ = _____

STUDENT MEALS:

Breakfast #days _____ # _____ x\$ _____ = _____

Lunch #days _____ # _____ x\$ _____ = _____

Dinner #days _____ # _____ x\$ _____ = _____

STAFF MEALS:

Breakfast #days _____ # _____ x\$ _____ = _____

Lunch #days _____ # _____ x\$ _____ = _____

Dinner #days _____ # _____ x\$ _____ = _____

REGISTRATION/ENTRY FEE
(payable to: _____) = _____

TRANSPORTATION
(payable to: _____) = _____

LODGING
Days _____ Rooms _____ xRate _____ = _____
(payable to: _____)

OTHER _____ = _____
(payable to: _____)

Total Personal Advance: _____

TOTAL ADVANCE: _____

**Only actual expenditures will be paid by district.*

**Student roster, with meal expenses indicated, is required upon return*

**Receipts for all expenses, excluding meals, are required upon return.*

REGISTRATION/ENTRY FEE = _____

TRANSPORTATION = _____

LODGING
Days _____ Rooms _____ xRate _____ = _____
(payable to: _____)

OTHER: _____ AMT= _____
_____ AMT= _____

TOTAL EXPENSES _____

LESS: PREPAYEMNTS/ADVANCE _____

BALANCE DUE TO/FROM TRAVELER _____

APPROVED: _____

Dept. Chair _____ Date _____

APPROVED: _____

Dean _____ Date _____

APPROVED: _____

Dept. Chair _____ Date _____