



# SAN FRANCISCO COMMUNITY COLLEGE DISTRICT REQUISITION AND TRAVEL ORDER FORM

TO _____
\$ _____ <small>(Total Approved Amount)</small>

Name \_\_\_\_\_ W #: \_\_\_\_\_ Mailbox: \_\_\_\_\_  
(DO NOT USE SOCIAL SECURITY NUMBER)

Position \_\_\_\_\_ Department \_\_\_\_\_ Extn: \_\_\_\_\_

Students to be Supervised \_\_\_\_\_ Substitute Required on \_\_\_\_\_ \$ \_\_\_\_\_  
(number, if any) (dates & hours) (cost of sub.)

**EDUCATIONAL PURPOSES:**

To Attend \_\_\_\_\_

Located at \_\_\_\_\_

Date(s) of Meeting \_\_\_\_\_

Reason for Attending \_\_\_\_\_

Program Participant? Yes \_\_\_ No \_\_\_  
 Member of Organization? Yes \_\_\_ No \_\_\_  
 Officer? Yes \_\_\_ No \_\_\_

**TYPE OF TRAVEL:**

1 Administrative  
     \_\_\_ Administratively Assigned \_\_\_\_\_  
     \_\_\_ Vice Chancellor \_\_\_\_\_

2 Faculty \_\_\_\_\_

3 Grant (specify title) \_\_\_\_\_  
 \_\_\_\_\_

Requested by: \_\_\_\_\_  
(Traveler - Signature) (date)

**ESTIMATED COSTS:**

Transportation

Plane (economy/coach or lesser fare) .. \$ \_\_\_\_\_

Private Auto ..... \$ \_\_\_\_\_

Other (describe) ..... \$ \_\_\_\_\_

Meals ..... \$ \_\_\_\_\_

Lodgings (No. of Nights \_\_\_\_\_) ..... \$ \_\_\_\_\_

Registration Fee ..... \$ \_\_\_\_\_

Other Costs (describe) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**ROUTING:**

Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Department Head

Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Faculty Travel Committee Chairman

Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Dean/Director

Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Vice Chancellor/Chancellor

COLLEGE APPROPRIATION NUMBER							CONTROLLER'S APPROPRIATION NUMBER			
FUND	ORGN	ACCT	PROG	ACTV	AMOUNT	POSTED BY	FUND	INDEX	SUB-OBJ	PROJ/WK



SAN FRANCISCO COMMUNITY COLLEGE DISTRICT TRAVEL ORDER

TO \_\_\_\_\_
\$ \_\_\_\_\_ (Total Approved Amount)

Name \_\_\_\_\_ W #: \_\_\_\_\_ Mailbox: \_\_\_\_\_
Position \_\_\_\_\_ Department \_\_\_\_\_ Extn: \_\_\_\_\_
Students to be Supervised \_\_\_\_\_ Substitute Required on \_\_\_\_\_ \$ \_\_\_\_\_

EDUCATIONAL PURPOSES:

To Attend \_\_\_\_\_
Located at \_\_\_\_\_
Date(s) of Meeting \_\_\_\_\_
Reason for Attending \_\_\_\_\_

Program Participant? Yes \_\_\_ No \_\_\_
Member of Organization? Yes \_\_\_ No \_\_\_
Officer? Yes \_\_\_ No \_\_\_
TYPE OF TRAVEL:
1 Administrative
Administratively Assigned \_\_\_\_\_
Vice Chancellor \_\_\_\_\_
2 Faculty \_\_\_\_\_
3 Grant (specify title) \_\_\_\_\_
Requested by: \_\_\_\_\_
(Traveler - Signature) (date)

ESTIMATED COSTS:
Transportation
Plane (economy/coach or lesser fare) .. \$ \_\_\_\_\_
Private Auto ..... \$ \_\_\_\_\_
Other (describe) ..... \$ \_\_\_\_\_
Meals ..... \$ \_\_\_\_\_
Lodgings (No. of Nights \_\_\_\_\_) ..... \$ \_\_\_\_\_
Registration Fee ..... \$ \_\_\_\_\_
Other Costs (describe) \_\_\_\_\_ \$ \_\_\_\_\_
TOTAL \$ \_\_\_\_\_

DEAR TRAVELER:

Pursuant to SFCCD Policy Manual Sections 3.27 and 4.04, the Chancellor has approved your attendance for the educational purpose described above and for the total approved amount as shown in the upper right above.
Reimbursement for actual and necessary travel expenses for this travel will be made only on submission of the Traveling Expense Voucher.

SAN FRANCISCO COMMUNITY COLLEGE DISTRICT
By \_\_\_\_\_

Table with 2 main sections: COLLEGE APPROPRIATION NUMBER and CONTROLLER'S APPROPRIATION NUMBER. Columns include FUND, ORGN, ACCT, PROG, ACTV, AMOUNT, POSTED BY, FUND, INDEX, SUB-OBJ, PROJ/WK.



# SAN FRANCISCO COMMUNITY COLLEGE DISTRICT TRAVEL SETTLEMENT REPORT

TO \_\_\_\_\_  
 \$ \_\_\_\_\_  
 (Total Approved Amount)

Name \_\_\_\_\_ W #: \_\_\_\_\_ Mailbox: \_\_\_\_\_  
(DO NOT USE SOCIAL SECURITY NUMBER)

Position \_\_\_\_\_ Department \_\_\_\_\_ Extn: \_\_\_\_\_

Students to be Supervised \_\_\_\_\_ Substitute Required on \_\_\_\_\_ \$ \_\_\_\_\_  
(number, if any) (dates & hours) (cost of sub.)

### EDUCATIONAL PURPOSES:

To Attend \_\_\_\_\_

Located at \_\_\_\_\_

Date(s) of Meeting \_\_\_\_\_

Reason for Attending \_\_\_\_\_

Program Participant? Yes \_\_\_ No \_\_\_  
 Member of Organization? Yes \_\_\_ No \_\_\_  
 Officer? Yes \_\_\_ No \_\_\_

### ESTIMATED COSTS:

Transportation  
 Plane (economy/coach or lesser fare) .. \$ \_\_\_\_\_  
 Private Auto ..... \$ \_\_\_\_\_  
 Other (describe) ..... \$ \_\_\_\_\_  
 Meals ..... \$ \_\_\_\_\_  
 Lodgings (No. of Nights \_\_\_\_\_) . . . . . \$ \_\_\_\_\_  
 Registration Fee ..... \$ \_\_\_\_\_  
 Other Costs (describe) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

### TYPE OF TRAVEL:

\_\_\_ 1 Administrative  
 \_\_\_ Administratively Assigned \_\_\_\_\_  
 \_\_\_ Vice Chancellor \_\_\_\_\_  
 \_\_\_ 2 Faculty \_\_\_\_\_  
 \_\_\_ 3 Grant (specify title) \_\_\_\_\_  
 \_\_\_\_\_

Requested by:

\_\_\_\_\_  
(Traveler - Signature) (date)

The attached Traveling Expense Voucher has been examined and payment of \$ \_\_\_\_\_ is hereby approved.

Chancellor (or designee) \_\_\_\_\_ Date \_\_\_\_\_

### ACCOUNTS PAYABLE USE ONLY

Approved Audit Amount \$ \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

COLLEGE APPROPRIATION NUMBER							CONTROLLER'S APPROPRIATION NUMBER			
FUND	ORGN	ACCT	PROG	ACTV	AMOUNT	POSTED BY	FUND	INDEX	SUB-OBJ	PROJ/WK



**SAN FRANCISCO COMMUNITY COLLEGE DISTRICT  
TRAVEL SETTLEMENT REPORT (COPY)**

**TO** \_\_\_\_\_  
**\$** \_\_\_\_\_  
 (Total Approved Amount)

Name \_\_\_\_\_ W #: \_\_\_\_\_ Mailbox: \_\_\_\_\_  
(DO NOT USE SOCIAL SECURITY NUMBER)

Position \_\_\_\_\_ Department \_\_\_\_\_ Extn: \_\_\_\_\_

Students to be Supervised \_\_\_\_\_ Substitute Required on \_\_\_\_\_ \$ \_\_\_\_\_  
(number, if any) (dates & hours) (cost of sub.)

**EDUCATIONAL PURPOSES:**

To Attend \_\_\_\_\_

Located at \_\_\_\_\_

Date(s) of Meeting \_\_\_\_\_

Reason for Attending \_\_\_\_\_

Program Participant? Yes \_\_\_ No \_\_\_  
 Member of Organization? Yes \_\_\_ No \_\_\_  
 Officer? Yes \_\_\_ No \_\_\_

**TYPE OF TRAVEL:**

\_\_\_ 1 Administrative  
 \_\_\_ Administratively Assigned \_\_\_\_\_  
 \_\_\_ Vice Chancellor \_\_\_\_\_

\_\_\_ 2 Faculty \_\_\_\_\_

\_\_\_ 3 Grant (specify title) \_\_\_\_\_

Requested by: \_\_\_\_\_  
(Traveler - Signature) (date)

**ESTIMATED COSTS:**

Transportation

Plane (economy/coach or lesser fare) .. \$ \_\_\_\_\_

Private Auto ..... \$ \_\_\_\_\_

Other (describe) ..... \$ \_\_\_\_\_

Meals ..... \$ \_\_\_\_\_

Lodgings (No. of Nights \_\_\_\_\_) ..... \$ \_\_\_\_\_

Registration Fee ..... \$ \_\_\_\_\_

Other Costs (describe) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

The attached Traveling Expense Voucher has been examined and payment of \$ \_\_\_\_\_ is hereby approved.

Chancellor (or designee) \_\_\_\_\_ Date \_\_\_\_\_

**ACCOUNTS PAYABLE USE ONLY**

Approved Audit Amount \$ \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

COLLEGE APPROPRIATION NUMBER							CONTROLLER'S APPROPRIATION NUMBER			
FUND	ORGN	ACCT	PROG	ACTV	AMOUNT	POSTED BY	FUND	INDEX	SUB-OBJ	PROJ/WK



# SAN FRANCISCO COMMUNITY COLLEGE DISTRICT REQUISITION AND TRAVEL ORDER FORM

TO _____
\$ _____ (Total Approved Amount)

Name \_\_\_\_\_ W #: \_\_\_\_\_ Mailbox: \_\_\_\_\_  
(DO NOT USE SOCIAL SECURITY NUMBER)

Position \_\_\_\_\_ Department \_\_\_\_\_ Extn: \_\_\_\_\_

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(number, if any) (dates & hours) (cost of sub.)

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Located at \_\_\_\_\_

Date(s) of Meeting \_\_\_\_\_

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Program Participant? Yes \_\_\_ No \_\_\_  
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TYPE OF TRAVEL:  
 \_\_\_ 1 Administrative  
     \_\_\_ Administratively Assigned \_\_\_\_\_  
     \_\_\_ Vice Chancellor \_\_\_\_\_

\_\_\_ 2 Faculty \_\_\_\_\_  
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ESTIMATED COSTS:

Transportation  
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Meals ..... \$ \_\_\_\_\_  
 Lodgings (No. of Nights \_\_\_\_\_) ..... \$ \_\_\_\_\_  
 Registration Fee ..... \$ \_\_\_\_\_  
 Other Costs (describe) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

### ROUTING:

Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Department Head

Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Faculty Travel Committee Chairman

Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Dean/Director

Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Vice Chancellor/Chancellor

COLLEGE APPROPRIATION NUMBER						CONTROLLER'S APPROPRIATION NUMBER				
FUND	ORGN	ACCT	PROG	ACTV	AMOUNT	POSTED BY	FUND	INDEX	SUB-OBJ	PROJ/WK

**DEPARTMENT FILE COPY (RETAIN FOR YOUR RECORDS)**