



San Francisco Community College District

REQUISITION AND TRAVEL ORDER FORM

Name: _____ Employee or @ ID: _____ Mailbox: _____

Position: _____ Department: _____ EXTN: _____

Students to be supervised _____ Substitue required on _____ \$ _____
 (#, if any) (Dates & Hours) (Cost of sub.)

EDUCATIONAL PURPOSES

To Attend: _____

Located at: _____

Date(s) of Meeting: _____

Reason for Attending: _____

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

Type of Travel:
 1 Administrative/Classified Staff
 Administratively Assigned _____
 Vice Chancellor _____
 2 Faculty _____
 3 Grant (Specify Title) _____
 Requested by: _____

 Traveler- Signature

Estimated Costs

Transportation

Out of State
 (Need advance BOT's Approval)
 Resolution No. _____

In-State
 (Need VC Approval)

Plane (economy/coach or lesser fare) \$ _____

Private Auto (standard mileage) \$ _____

Meals: how many: _____ \$ _____

Meal	Max. w/ receipt	Max. w/o receipt
Breakfast	\$18.00	\$9.50
Lunch	\$20.00	12.50
Dinner	\$40.00	20.00

TO # _____

On Line Req. (R) # _____

College Appropriation Number						Posted By
FUND	ORGN	ACCT	PROG	ACTV	AMOUNT	

Lodgings (No. of Nights _____) \$ _____

Registration Fee \$ _____

PRE-REGISTER

Other Costs (Describe Below) \$ _____

TOTAL \$ _____

ROUTING:

Approved: _____ Department Head _____ Print Name _____ Amount _____ Date _____

Approved: _____ Faculty Travel Committee Chairman _____ Print Name _____ Amount _____ Date _____

Approved: _____ Dean/Director _____ Print Name _____ Amount _____ Date _____

Approved: _____ Vice Chancellor/Chancellor _____ Print Name _____ Amount _____ Date _____