



# San Francisco Community College District

## REQUISITION AND TRAVEL ORDER FORM

Name: \_\_\_\_\_ Employee or @ ID: \_\_\_\_\_ Mailbox: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_ EXTN: \_\_\_\_\_

Students to be supervised \_\_\_\_\_ Substitute 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  In-State   
*(Need advance BOT's Approval)* *(Need VC Approval)*  
 Resolution No. \_\_\_\_\_

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