

**TRINITY VALLEY COMMUNITY COLLEGE
REQUEST FOR TRAVEL FORM**

NAME _____ **CAMPUS/DEPT** _____
DESTINATION _____ **PURPOSE** _____
DEPARTURE DATE _____ **RETURN DATE** _____

TRANSPORTATION (550110 or 550210)			
	# of miles _____ (If no TVCC vehicle available, attach VRF form and use current state rate. Otherwise use .30 per mile.)		\$
1. Personal Vehicle Mileage			
2. Inst. Vehicle	Gasoline purchased for TVCC vehicle (Chg to acct 11-24-46005-551123-01)		\$
3. Fares	Airfare, baggage fees, etc		\$
4. Car Rental	Attach documentation for rental		\$
5. Misc. Transportation Costs	Parking, tolls, taxi, uber or shuttle		\$
LODGING (550115 or 550215)			
If no hotel expense, please indicate if you are sharing a room or staying with friends/family			\$
MEALS (550120 or 550220)			
GSA Per Diem Rates (Location of Travel) City _____ State _____ # of Students (\$12 per meal/\$36 Day) _____			\$
REGISTRATION (550300)			
Please attach copy of registration form.			\$
MISC TRAVEL EXP (550125 or 550225)			
			\$
CHGS TO COLLEGE CREDIT CARD: (specify)			
			\$
Travel Advance Requested	No Travel Advance Required	TOTAL REQUEST	\$
Please write check(s) to:			
Payee: _____		Payee: _____	
Address: _____		Address: _____	
City/State/Zip _____		City/State/Zip _____	
Amt of Check - \$ _____		Amt of Check - \$ _____	
ACCT # _____	\$	ACCT # _____	\$
ACCT # _____	\$	ACCT # _____	\$
ACCT # _____	\$	ACCT # _____	\$
Voucher # _____		Voucher # _____	
Check # _____		Check # _____	
Special Instructions:			
Requestor - Required _____	Date _____	Controller _____	Date _____
Approver (i.e. Div Chair/Director): _____	Date _____	Vice President - Required _____	Date _____
Approver (I.e. AVP, Provost): _____	Date _____	*President _____	Date _____
** Travel Expense Report MUST be submitted within 10 days of return		*Out of state travel must be approved by President	
Effective 09/2024			