

Board Approval ONLY
Purchasing Use ONLY



2019 TRIP REQUEST

GE#

Contact ATB Travel for a quote on Airfare, Hotel, and Shuttle Reservations as they will be booking trip requests for the District. Attach their quote to travel documents and forward to the Purchasing Department. **Include all applicable tax and fees in your subtotals below.** Please visit the Travel website for more information regarding travel processes and procedures: <https://www.avc.edu/administration/busserv/travelprocedures>

PLEASE NOTE: ONE TRIP REQUEST PER PERSON

Person Taking Trip: _____	Date(s) of Trip: _____
Destination (City, State): _____	Departure Time: _____
Title of Event: _____	Return Time: _____
Trip Justification Statement: _____	
Title of Class (for field trips): _____	# of Students/Athletes: _____

Off Campus Notice Only
 No Cost to District
 All Employee Reimbursement

<input type="checkbox"/> District Vehicle	<input type="checkbox"/> Driver Requested	It is the requestor's responsibility to provide a copy of VP/President-APPROVED Trip Request to Facilities Services via the Facilities Work Request System as a Facilities Use Request (FUR) to reserve vehicle and schedule driver via Archibus. Please submit 2-3 weeks prior to trip to ensure a vehicle/driver is available.
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ESTIMATED EXPENSE OF TRIP Subtotals

Personal Auto Mileage: <small>(Select Yes or No)</small>	Miles: _____ X Rate _____ Carpooling: _____ Are others taking the same trip? <i>*IF NO PLEASE EXPLAIN:</i>	
Airfare / Car Rental: Transportation:	Air: _____ Car: _____ *Shuttle: _____ Taxi: _____ Parking: _____	
Lodging: <small>(Select Yes or No)</small>	Nights: _____ X Rooms: _____ X Rate: _____ I have booked the hotel ATB will book hotel I need the CC changed I will be reimbursed upon my return	
Conference/Registration Fee: <small>(Select Yes or No)</small>	Did you Register? _____ Have you Paid? _____ Deadline: _____ Pay w/Check? _____ Pay Online? _____ Date needed: _____ website: _____ Other: _____ Do you need to be reimbursed? <i>If payment by website, requestor must provide completed conference registration form</i>	
Traveler Meals:	Breakfast: _____ X Meals _____ Lunch: _____ X Meals _____ Dinner: _____ X Meals _____ <input type="checkbox"/> Req# for meals: _____ (Athletics Only)	
ATB Travel Booking Fee:	Total # of Airline Reservations (\$30 each): _____ Total # of Shuttle and Hotel Reservations (\$15 each): _____	
Student/Athlete Meals:	Rate: _____	
Other Expenses(Baggage Fees):	Rate: _____	

TOTAL EXPENSES:

FOAP #:	Budget Available:	ORG Name:
Name of Person Completing Form: _____		Date: _____
Signature of Person Taking Trip: _____		Date: _____
_____ I certify that I have a valid driver's license for use in the U.S.A. for the dates above (for driver of vehicle). _____ I certify that I have valid automobile insurance for the vehicle that will be used for the dates listed above <small>(for personal vehicle).</small>		

***District will reimburse shuttle expenses to the traveler up to the cost of Super Shuttle if Campus Events is not available to provide transportation.**

Approvals	
Dean and/or Director: _____	Date: _____
Fund Manager (if applicable): _____	Date: _____
Vice President/President: _____	Date: _____
Executive Director of Business Services: _____	Date: _____

Notes: _____