EXECUTIVE COUNCIL TRAVEL CHECKLIST
REQUIRED PRIOR TO A PRE-APPROVAL BEING SUBMITTED

If any of the following criteria are met, you must submit this checklist to your Dean or Director who will submit to the Executive Director or VP for review by the Executive Council
Executive Director/VP: Please submit completed form to Patricia McClure

NAME OF TRAVELER: _____

CRITERIA
- ☐ Are students traveling? If Yes, fill out **Section I**
- ☐ Are more than two persons from the department going to the same event? If Yes, fill out **Section II**
- ☐ Is the cost more than $2,500 per person? If Yes, fill out **Section III**
- ☐ Has the traveler attended 2 overnight, off site events/conferences/seminars this semester?
- ☐ Is the traveler an hourly or probationary employee?
- ☐ Is the travel international or in an excluded state (AB1887)? If Yes, fill out **Section IV**
- ☐ **Name and Location of Event: _____**
- ☐ Not applicable to this travel

SECTION I
Student Travel:
- ☐ What is the cost for each student? What is the name of the fund being used?
  $_____
- ☐ How many students will be traveling? _____
- ☐ How many chaperones will be required? _____
- ☐ What is the cost for each chaperone? $_____
- ☐ Total anticipated cost of travel? $_____
- ☐ Will the Travel be out of District? Out of State? If out of state, what state?_____
- ☐ FOAP to be charged?_____

SECTION II
Multiple Employees Traveling:
- ☐ How many will be traveling from the same department? _____
- ☐ Attach a roster.
- ☐ Is attendance required for more than one person or can information be brought back to the team?
  _____
- ☐ Please show documentation to support required/mandatory travel.
- ☐ Total anticipated cost for all travelers? $_____
- ☐ FOAP to be charged?_____

SECTION III
Total Cost if above $2,500:
- ☐ What is the total cost of the trip for one traveler? $_____
- ☐ What are the itemized costs of the trip? (Please add additional documentation as needed)
  _____
  _____
- ☐ FOAP to be charged?_____

SECTION IV
International or Excluded State Travel (AB1887):
- ☐ Please explain the reason for travel to this location?
  _____
  _____
- ☐ Total anticipated itemized cost of this requested trip? (Please add additional documentation as needed)
  $_____
- ☐ FOAP to be charged? _____

Approved:_____ Denied: _____ Date:_____

(Effective September 30, 2019 – available on avc.edu/administration/busserv/travelforms)