

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 for review by the Executive Council prior to completing a travel pre-approval or travel request.
Dean/Director: Please submit completed form to Patricia McClure

SUMMARY

- 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)