



San Joaquin Delta Community College District

Travel Request

Date _____ Division: _____

Purpose of Trip: _____

Destination City: _____

Check Box for
Out-of-State

Lodging: _____

Traveler: _____ Ext. _____

Name of Passengers: _____

Departure Date: _____ Time: _____ AM PM

Return Date: _____ Time: _____ AM PM

Enter Estimated Expenses and check the "BOX" if a Prepayment is needed:

1. Registration \$ _____

If applicable - Make Check Payable to (Company Name/Address):

2. Lodging \$ _____

3. Airfare \$ _____

4. Rental Vehicle \$ _____

5. Meals \$ _____

6. Ground Transportation/Toll/Parking \$ _____

7. Personal Vehicle Mileage \$ _____

8. District Vehicle \$ _____ (Notify Transportation)

9. Other (Describe Below) \$ _____

_____ \$ _____ **(Total Estimate Cost)**

**Travelers must
use Concur to
book travel
arrangements.**

Fiscal Services Use Only

Log # _____

1. _____

2. _____

3. _____

4. _____

Additional Notes

Budget:

Oracle Account No: _____

Not to Exceed \$ _____

Account Description _____

Professional Growth/Grant/VTEA Funding? _____ (Attach Approval or Describe Below)

Approvals:

Division/Department Manager/Vice President: _____

Vice President/President: _____

**Check Box for Agency/
Reimbursement No Cost
to College**