**Santa Barbara Community College District**

**Travel and Conference Request Form**

**Complete this section, obtain appropriate signatures, and forward to the Accounting Office prior to travel.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Cost Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>ACCOUNT NUMBER</td>
<td>Meals</td>
</tr>
<tr>
<td>Conference Name</td>
<td></td>
<td>Trans.</td>
</tr>
<tr>
<td>Location (City, State, College, Institute)</td>
<td>DATE(S)</td>
<td>Lodging</td>
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</tbody>
</table>

**Reason for Attending:**

- Need Accounting to pay fees in advance?: [YES] [NO] $

**Substitute Required:**

- Mode of Transportation: [OTHER] $

**Supervisor's Approval:**

- Total: $

**Approval and Authorization:**

The above request is hereby granted. Payment of the claim is authorized to the extent that audit shows expenses are incurred and supported in accordance with Sections 72423 and 87032 of the Education Code and SBCCD Board Policies.

**Administrator** ___________________________ **Date** ______________

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**Complete this section after your travel. Attach all receipts, sign and return to Accounting per instruction sheet.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Meals</th>
<th>Transportation</th>
<th>Lodging</th>
<th>Fees</th>
<th>Other</th>
<th>Daily Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No receipt required if within per diem rate</td>
<td>Receipt required</td>
<td>Receipt Required</td>
<td>Receipt Required</td>
<td>Please Explain</td>
<td>Below</td>
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</tbody>
</table>

**Sub Total**

**Less Amount Advanced On**

- Check No. ______________________ Date: __________
- Check No. ______________________ Date: __________
- Check No. ______________________ Date: __________
- Check No. ______________________ Date: __________

**Less Amount Charged to School Credit Card (Indicate Item(s) above with an Asterisk*)**

**Other**

**Claimant's Signature** ___________________________ **Date** ______________

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I declare under penalty of perjury that the above information is true and correct.

**Encumbered:** $ __________

**Audited:** Date: __________ Initials: __________

**Paid:** Date: __________ Initials: __________ Warrant #: __________

**Account Number** ___________________________