LONG BEACH COMMUNITY COLLEGE DISTRICT
Travel Authorization

APPLICATION FORM

Please complete this application for all travel, including conferences, meetings, seminars, workshops and training.

This section to be completed by the applicant (person attending)

NAME: LAST _____ FIRST _____ EMPLOYEE ID#_____

POSITION _____ DEPT _____ EXT. _____

☐ Academic ☐ Classified ☐ Administrator/Mgmt CAMPUS: ☐ LAC ☐ PCC ☐ WING MAIL CODE _____

TITLE OF EVENT : _____

LOCATION OF EVENT : _____ STATE _____

DATES: From_____ To _____ **NO. OF SCHOOL DAYS**_____ **SUBSTITUTE NEEDED:** ☐ YES ☐ NO

REASON FOR ATTENDING_____

COST ESTIMATES

Please fill in the cost estimates below. For cost estimates please call the District's Travel Agency at (562) 596-5501 Monday-Friday 9 a.m.-5 p.m. After your application is approved Fiscal Operations will send you a Purchase Order Number to confirm your arrangements/reservations . Fiscal Operations will send you the check for registration.

THE PCC STUDENT ACCOUNTS OFFICE MUST RECEIVE YOUR TRAVEL APPLICATION FIVE (5) WORKING DAYS IN ADVANCE

$ _____ **REGISTRATION** - Please attach a copy of brochure/flyer showing cost and payment information.

$ _____ **MILEAGE** is calculated currently at the number of miles X the current IRS rate. Payment of mileage for driving to a conference site rather than flying, will be air fare (tourist class only) or mileage expense, whichever is less. No receipt required.

$ _____ **AIR FARE**- Tourist class only. Receipt needed for claim.

$ _____ **SHUTTLE/TAXI/BUS/TRAIN** - Receipt needed for claim.

$ _____ **CAR RENTAL** - LBCCD will not pay car rental to drive from home or college to your conference. Please make sure to purchase the liability/collision insurance coverage offered by the car rental agency and make the rental agreement in **your** Name, c/o Administrative Services, Long Beach City College, 4901 E. Carson St. Long Beach, CA 90808. Itemized receipt, and gas receipts needed for claim.

$ _____ **PARKING** - Receipt needed for claim.

$ _____ **LODGING** - Itemized receipt needed for claim. Cost not to exceed single occupancy rate. Expenses for overnight lodging will not be reimbursed for trips within 50 miles one way of college.

$ _____ **GRATUITIES** - Tips are limited to hotel baggage and room service $10 per conference. The gratuities for transportation are not to exceed 20% of services provided.

$ _____ **TELEPHONE/INTERNET** - Receipt needed for claim. Claim approved only if incurred in conducting College/District business.

$ _____ **MEAL REIMBURSEMENT** - $50 PER DIEM - Breakfast $10 if Departed home/college before 6 A.M.; Lunch $15 if not included in registration cost; Dinner $25 if Returned home/college after 7 P.M. a total of $50 PER DIEM-no receipts.

$ _____ **OTHER** - Please provide an explanation. Receipts need for claim.

$ _____ **TOTAL ESTIMATE** **APPLICANT'S SIGNATURE**_____ **DATE** _____

TRAVEL AUTHORIZATION - This section is to be completed by area Director or Dean or Vice President.

APPROVAL SIGNATURE _____ DATE _____

FUNDING APPROVAL - This section is to be completed by area funding conference.

$_____ **AMOUNT APPROVED** **ACCOUNT NUMBER** _____ (Object/Account) - _____ (Fund) - _____ (Dept./Activity) - _____ (Program)

AUTHORIZED SIGNATURE_____ DATE _____

FISCAL OPERATIONS - This section is to be completed by the PCC Student Accounts Office. Room DD147A Ext. 3906

Your Travel Application is approved. This is your PURCHASE ORDER NUMBER : _____

Please call the District's Travel Agency at (562) 596-5501 to confirm your arrangements/reservations.

☐ Attached is your check for : _____

PLEASE FILE YOUR CLAIM FOR EXPENSES WITHIN TWO WEEKS OF YOUR RETURN.
[CLAIMS RECEIVED AFTER THE TWO WEEK DEADLINE WILL NOT BE PROCESSED.]

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