

TRINITY VALLEY COMMUNITY COLLEGE
REQUEST FOR TRAVEL FORM

NAME _____	CAMPUS/DEPT _____
DESTINATION _____	PURPOSE _____
DEPARTURE DATE _____	RETURN DATE _____

TRANSPORTATION (550110 or 550210)	
# of miles _____ (If no TVCC vehicle available, attach VRF form and use current state rate. Otherwise use .30 per mile.)	
1. Personal Vehicle Mileage	\$
2. Inst. Vehicle Gasoline purchased for TVCC vehicle (Chg to acct 11-24-46005-551123-01)	\$
3. Fares Airfare, baggage fees, etc	\$
4. Car Rental Attach documentation for rental	\$
5. Misc. Transportation Costs Parking, tolls, taxi, uber or shuttle	\$
LODGING (550115 or 550215)	
If no hotel expense, please indicate if you are sharing a room or staying with friends/family	\$
MEALS (550120 or 550220)	
GSA Per Diem Rates (Location of Travel) City _____ State _____ # of Students (\$12 per meal/\$36 Day) _____	\$
REGISTRATION (550300)	
Please attach copy of registration form.	\$
MISC TRAVEL EXP (550125 or 550225)	
	\$
CHGS TO COLLEGE CREDIT CARD: (specify)	
	\$
Travel Advance Requested No Travel Advance Required TOTAL REQUEST	\$
Please write check(s) to:	
Payee: _____	Payee: _____
Address: _____	Address: _____
City/State/Zip _____	City/State/Zip _____
Amt of Check - \$ _____	Amt of Check - \$ _____
ACCT # _____ \$ _____	ACCT # _____ \$ _____
ACCT # _____ \$ _____	ACCT # _____ \$ _____
ACCT # _____ \$ _____	ACCT # _____ \$ _____
Voucher # _____	Voucher # _____
Check # _____	Check # _____
Special Instructions:	
Requestor - Required _____ Date _____	Controller _____ Date _____
Approver (i.e. Div Chair/Director): _____ Date _____	Vice President - Required _____ Date _____
Approver (I.e. AVP, Provost): _____ Date _____	*President _____ Date _____
** Travel Expense Report MUST be submitted within 10 days of return *Out of state travel must be approved by President	
Effective 09/2024	