



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

1. Please refer to LBCCD Regulation 3024 Policy on Travel and Professional Conference Attendance for clarification and instructions. 2. Please fill in the cost estimates below. After your application is approved Fiscal Services will send you a Claim Form to record your actual expenses for reimbursement when you return from the travel event. You may request assistance from the district to help prepay in advance, the registration, airfare, car rental and lodging by checking the box below and circling your request. **FISCAL SERVICES MUST RECEIVE YOUR TRAVEL APPLICATION FIVE (5) WORKING DAYS IN ADVANCE OF THE TRAVEL DATE (This time is needed for processing).**

YES, I would like the District to prepay the: **REGISTRATION** **AIRFARE** **CAR RENTAL** **LODGING**
(Please CIRCLE your request)

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

\$ _____ **MILEAGE** is calculated currently at the number of miles X the current IRS rate. Payment of mileage for driving to a travel event 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/BART/TOLLS** - Receipt needed for claim.

\$ _____ **CAR RENTAL** - LBCCD will not pay car rental to drive from home or college to your travel event.
 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 without prior approval of Superintendent-President.

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

\$ _____ **MEAL REIMBURSEMENT** - All meals for which expenses are actually incurred shall be paid using the current IRS rate for per-diem regular method.

\$ _____ **TOTAL ESTIMATE** **APPLICANT'S SIGNATURE** _____ **DATE** _____
AUTHORIZED SIGNATURE _____ **DATE** _____
Applicant's Immediate Supervisor

TRAVEL AUTHORIZATION - This section is to be completed by the applicant's area Director or Dean and Vice President. Vice Presidents need signature of Superintendent-President

APPROVAL SIGNATURE _____ **DATE** _____ **VICE-PRESIDENT** _____ **DATE** _____
Dean or Director

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

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

AUTHORIZED SIGNATURE _____ **DATE** _____

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

AUTHORIZED SIGNATURE _____ **DATE** _____

PLEASE SEND COMPLETED TRAVEL AUTHORIZATION APPLICATION FORM TO: Fiscal Services, Attn: Pat Hicks Mail Code Y-14 Ext. 4459.

PLEASE FILE YOUR CLAIM FOR EXPENSES WITHIN THREE WEEKS OF YOUR RETURN.