

VALENCIA COMMUNITY COLLEGE

FA-33  
Rev. 07-07

AUTHORIZATION FOR TRAVEL OR ABSENCE FROM CAMPUS

NAME (print or type) \_\_\_\_\_ VID # \_\_\_\_\_

PLACE TO BE VISITED \_\_\_\_\_

TIME AND DATE: DEPARTURE \_\_\_\_\_ RETURN \_\_\_\_\_

TIME/DATE CONFERENCE OR CONVENTION BEGINS \_\_\_\_\_ ENDS \_\_\_\_\_

REASON FOR TRIP \_\_\_\_\_

TRAVEL: Airplane Bus/Van Car Estimated Miles (D.O.T) \_\_\_\_\_

If car, driver & passengers: \_\_\_\_\_

IF TRAVEL IS TO BE REIMBURSED FROM SOURCES OTHER THAN VALENCIA FUNDS, INDICATE SOURCE:

**ESTIMATED FUNDS REQUESTED:**

PER DIEM: \$80.00 per day NUMBER OF DAYS \_\_\_\_\_ \$ \_\_\_\_\_  
OR

SINGLE ROOM RATE + MEALS: \_\_\_\_\_ Nights @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
List Meals: \_\_\_\_\_ B (\$6) \_\_\_\_\_ L (\$11) \_\_\_\_\_ D (\$19) \$ \_\_\_\_\_

ROOM:  CHECK REQUEST  OTHER \_\_\_\_\_

TRANSPORTATION:  TRAVELER TO PAY  CHECK REQUEST  P-CARD \$ \_\_\_\_\_

**REGISTRATION:**

Does it include room  YES  NO (See (A) below)

Does it include meals  YES  NO P-CARD:  YES  NO \$ \_\_\_\_\_

Is it to be pre-paid  YES  NO Check Request  YES  NO

LIST ALL OTHER EXPENSES: \_\_\_\_\_ \$ \_\_\_\_\_

(Receipts required for any item over \$5.00 eg. taxi, car rental etc.)

(A) MINUS MEALS INCLUDED IN REGISTRATION FEE: \_\_\_\_\_ B \_\_\_\_\_ L \_\_\_\_\_ D (\_\_\_\_\_)

TOTAL ESTIMATED COSTS\* \$ \_\_\_\_\_

Charge to :					
INDEX _____	/ACCT _____	(or) FUND _____	ORG _____	ACCT _____	PROG _____
INDEX _____	/ACCT _____	(or) FUND _____	ORG _____	ACCT _____	PROG _____

\_\_\_\_\_  
SIGNATURE OF TRAVELER\*\*

\_\_\_\_\_  
DATE

ADVANCE  
REQUESTED

\_\_\_\_\_  
APPROVED SUPERVISOR

\_\_\_\_\_  
DATE

\$ \_\_\_\_\_

\_\_\_\_\_  
OTHER AUTHORIZATING SIGNATURE

\_\_\_\_\_  
DATE

In case of conference or convention, attach copy of program or agenda

\*Payment will be made upon submission of a Per Diem Voucher following the trip with all receipts attached.

\*\*Traveler's signature indicates that he/she is aware of the travel policies of Valencia Community College and understands that this authorization is granted subject to conformity with said policies.

Submit this form to Accounts Payable DTC-3