

CCD Travel Authorization Form

Traveler Name:

Traveler S#:

Is Traveler an Employee of CCD?

Number of times employee has traveled in the current fiscal year:

Original Travel Authorization Number:
(Complete ONLY if this is revision of a previously approved

Organization #:

Origin City, State:

Destination City, State:

Departure Date:

Return Date:

Mode of Travel:

Travel Purpose:

Special Notation:

Estimated Costs **Backup documentation must be provided to substantiate amounts listed**

Transportation:
Meals:
Lodging:
Registration Fee:
Other:
TOTAL Costs:

(Please visit <https://www.gsa.gov/travel/plan-book/per-diem-rates> to find meal per diem rates by

Email address of Supervisor or Instructional Dean:

Email address of Organization Owner:

Area VP:

- Academic Affairs
- Enrollment Administration & Student Success
- Administrative Services
- President's Office

Email address of person completing this form:

NOTE: You must enter a valid email address in order to receive the travel authorization number and a copy of this

Additional email address:
(This person will receive a copy of your request)

This Section for Approval Signatures Only

Grant Accountant Approval (if grant funded travel)

Area VP Approval

CFO Approval

President Approval
