



Please attach Authorization Form and Required Receipts

Trip Encumbrance Number _____

PCC ID Number _____

Date _____

Name _____ PCC Phone Number _____

Department _____ Location/Mail Code _____

Travel Details:

	Date	Time	A.M./P.M.
Departure			
Return			

Expenses Incurred:

Description	Actual Expenses
Rental Car	
Personal Vehicle (Attach Mileage Log)	
Airfare	
Shuttle/Taxi/Other Transportation	
Lodging (Itemized original hotel bill required)	
Per Diem Days @ \$	
Registration Fee	
Make Payable To:	
Itemized Miscellaneous (receipts required)	
Total	
Deduct Advance Amount Enter as negative number	
Deduct Amounts Paid by College Enter as negative number	
Balance Due to/from College	

Traveler's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Only required if actual expenses exceed authorized amount by \$100 or greater.

Business Office Review: _____

Date _____

District Accounts Payable Review: _____

Date Closed _____