



OFF-CAMPUS/ VIRTUAL ACTIVITY REQUEST FORM

INSTRUCTIONS: Please complete this form PRIOR to travel and BEFORE any funds are spent.

TRAVELER & TRIP INFORMATION

<input type="checkbox"/> Grossmont College	<input type="checkbox"/> Cuyamaca College	<input type="checkbox"/> District Services	<input type="checkbox"/> In-Person
			<input type="checkbox"/> Virtual
• Traveler's Name _____			
• Department _____ Position Title _____			
• Organization Hosting Event _____			
• Destination Address _____			
• Date and Time of Conference/ Event BEGINS _____ ENDS _____			
• Event Title _____			

ESTIMATED FUNDS REQUESTED PER WORKSHEET – Pcard payments made by Travel Coordinators ONLY

- **LODGING Single Room Rate:** Pcard. Attach lodging quote
Nights: _____ Nights @ \$ _____ \$ _____
- **MEALS:** Per Diem Expense Report, local travel Half Day only.
Number of _____ Full Days \$60 _____ Half Days \$30 \$ _____

TRANSPORTATION: Attach Google Map route and/or roundtrip.

- Car Estimated miles per day _____ (multiply by [GSA rates](#)) \$ _____
 - ☐ Airplane Pcard \$ _____
 - ☐ Ride Share Reimbursement via Expense Report \$ _____
 - ☐ Car Rental Pcard \$ _____
- Reference Grossmont-Cuyamaca Community College policy for detailed information on travel procedures and restrictions.
- **REGISTRATION:** Attach conference agenda weblink.
 - ☐ P-Card
 - ☐ Check Request to Vendor (Supplier Invoice Request) \$ _____
 - **MISC:** Parking Fees and Hotel Wi-Fi reimbursement via Expense Report \$ _____

SMART KEY 1: _____ \$ _____

TOTAL ESTIMATED COSTS \$ _____

SMART KEY 2: _____ \$ _____

Applicable Agency covering expenses: _____

Traveler's signature indicates that he/she is aware of the travel policies of Grossmont-Cuyamaca Community College District and understands that this authorization is granted subject to conformity with said policies. To the best of traveler's knowledge, costs reflect the most economical and efficient means of travel.

_____ Traveler's Signature	_____ Date
_____ Cost Center Manager Signature	_____ Date
_____ Dean/ Program Manager/ Supervisor Signature	_____ Date
_____ Department VP Signature	_____ Date
_____ VP Admin Services/ Site Business Officer Signature	_____ Date
_____ President/ Vice Chancellor/ Chancellor Signature	_____ Date