



DISTRICT ACCOUNTS PAYABLE OFFICE
TRIP VOUCHER

For Accounting Use Only
BANNER ID:
BANNER INV:

Required:

INDEX (6 digits)	FUND (6 digits)	ORG (6 digits)	ACCT (4 digits)	PROG (6 digits)	AMOUNT
TOTAL:					

Name (Please Print First & Last): _____

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For Location: Foothill College • De Anza College • District Office • Foundation •

Destination _____

Purpose of Trip _____

Departure Date _____ Return Date _____

Departure Time _____ Return Time _____

Unless specifically authorized by the Chancellor or College President, meal amounts exceeding the per-diem limit will not be reimbursed. Moreover, if a conference registration includes meals as part of the fee, then per-diem for that meal may not be additionally claimed. See the Travel Policy at <http://business.fhda.edu/accounting/travelpolicy>

Date:											Totals:
Breakfast											
Lunch											
Dinner											
Lodging											
Transportation											
Auto Rental											
Mileage											
Conference Fees											
Other (Explain)											
Totals:											

Total Expense _____

Cash Advance _____

Due District _____

(if advance was more than expenses)

NOTE: Before completing this form, confirm the current mileage rate at URL: <http://business.fhda.edu/accounting/accountingpolicies>

I hereby certify by signing this form that the mileage requested hereon was necessary for college activities. I acknowledge that claims from a prior fiscal year will not be accepted for payment. I have met all the terms and conditions per the board travel policy.

Requested by: _____
 First & Last Name (Please Print) Extension Date EMPLOYEE Signature (Required)

Approved by: _____
 First & Last Name (Please Print) Extension Date APPROVER Signature (Required)

Please refer to Delegations of Purchasing and Contracting Authority at: <http://purchasing.fhda.edu/policies>