

TM:

Budget:

LOS ANGELES COMMUNITY COLLEGE DISTRICT
REQUEST FOR TRAVEL ADVANCE

1. Name of Employee: _____ Employee No. _____

Location: _____

2. Approved Conference Attendance Reference Number: TM

3. Approval Expense Allowance:

A. Transportation _____

B. Hotel and Meals _____

C. Incidentals _____

Total _____

4. Maximum Advance Allowed (90% of B & C) _____

I understand that this advance is to be used for the purpose of hotel, meals, and incidentals related to the approved Conference Attendance and that a travel expense claim must be filed within 10 days after returning from the conference.

Signature of Applicant _____ Date _____

Warrant No. _____

Claim Due Date: _____

Attach approved Travel Expense Claim in duplicate

5. Total Employee Expenses \$ _____

6. If the expense is greater than the advance,
Amount due to employee \$ _____

7. If the advance is greater than the expense,
Amount due to District (attached personal check) \$ _____