

LOS ANGELES COMMUNITY COLLEGE DISTRICT
REQUEST FOR TRAVEL ADVANCE

I. NAME OF EMPLOYEE _____ EMPLOYEE NO. _____

LOCATION _____

2. APPROVED CONFERENCE ATTENDANCE REFERENCE NUMBER _____

3. APPROVED EXPENSE ALLOWANCE:

A. TRANSPORTATION \$ _____

B. HOTEL & 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 return from the conference.

Signature of Applicant _____ Date _____

WARRANT NO. CLAIM _____ DUE DATE _____

Attach approved Travel Expense Claim in duplicate

5. TOTAL EMPLOYEE EXPENSE \$ _____

6. IF THE EXPENSE IS GREATER THAN THE ADVANCE, AMOUNT DUE EMPLOYEE \$ _____

7. IF THE ADVANCE IS GREATER THAN THE EXPENSE, AMOUNT DUE DISTRICT (Attach personal check) \$ _____