

San Carlos Apache College

The Higher Education Institution of the San Carlos Apache Tribe



P.O. Box 344 ♦ 1 San Carlos Ave. Building 3. ♦ San Carlos, AZ 85550 ♦ (928) 475-2016

TRAVEL REQUEST FORM

Traveler & Contact Information

Name: _____ Account No: _____
(as shown on ID)
Title: _____ Cell Phone: _____
Department: _____ Email: _____
DOB: (if flying) _____ Address: _____

Trip Information

Reason/Justification for Travel: _____

Destination: (City, State, & Location of Event): _____

Departure- Date & Time of day: _____ Return- Date & Time of Day: _____

Travel Requested

- Flight
- Lodging
- Mileage (GSA or personal only if GSA is unavailable)
*Map must be attach to show route/miles to be driven.
- Rental/Government Car:
- Per Diem-No. of Days (including travel days):
- Registration/Tuition fee:
Early bird rate ends:
- Additional Requests:
List any preferences if applicable (i.e. preferred
airline preference, hotel preferences, etc.):

Please list the cost for each request

Flight: _____
Lodging Rate: _____ No. of Nights: _____
Lodging Total Including Tax: _____
Mileage (for personal or GSA) Rate x Miles: _____
Per Diem: _____
Registration/Tuition fee: _____
Other: _____

TOTAL ESTIMATED COST:

*All travel requests must be submitted as soon as possible to save cost (at least one month prior to departure date OR no later than 2 weeks prior to departure date). Other travel expenses incurred during business travel may be reimbursed upon return such as baggage, fuel for rental, and ground transportation (ride share, taxi's, etc.). For travel guidelines please see Travel Expense policy. *All expenses incurred should be in accordance with all applicable laws, GSA regulations, and SCAC travel expense policy.*

Please attach brochure, agenda, and any documentation that supports request. Any cancellations/changes must be submitted in writing within three (3) business days before departure.

Approvals/Authorizations:

Employee Printed Name

Employee Signature/Date

Supervisor Printed Name

Supervisor Signature/Date

CFO Printed Name

CFO Signature/Date