



Travel Checklist

San Carlos Apache College
1 San Carlos Ave., Bldg.3, San Carlos, AZ, 85550
Tel (928) 475-2016
Fax (928) 475-2018

Attachment Checklist

- Agenda, Meeting Invitation, Flyer, Approval E-mail from Supervisor (must attach one)
- Airfare Quote/Receipt
- Lodging Quote/Confirmation
- Vehicle Rental Quote or Mileage with Map attached or use of college vehicle
- Per Diem GSA rate
- Registration Confirmation (if paid with credit card please attach a copy of the receipt)
- Other Supporting Documentation

Timing Requirements by Traveler

- Travel Request Form submitted at least fifteen (15) business days to their supervisor.
- Supervisor approval obtained no later than ten (10) business days prior to departure
- Submitted to finance no later than ten (10) business days prior to departure
- Out-of-state travel routed to the President for approval
- All out of country travel must be approved by the Board of Regents and President prior to the date of the trip.

Required Form Completion

- Purpose of travel clearly stated
- Travel dates and destination completed
- Total estimated cost calculated
- Correct funding source/account code listed
- Travel advance requested (if applicable)

Travel Advance (If Applicable)

- Per diem advance requested on Travel Request Form with supporting documents
- Finance notified to issue advance check

Booking & Payments (After Approval Only)

- Travel approved before booking airfare or lodging Purchase orders processed by Finance for anything over \$1,000.00 even if a credit card is being used
- Credit card authorization provided to hotel (if applicable)

After Travel (Reminder)

- Travel Reimbursement Form submitted within ten (10) business days of return
- Original Travel **must** be attached to all travel reimbursement requests
- All itemized receipts attached
- Any excess travel advance funds returned within ten (10) business days

Important Notes: All travel and expenses must comply with College and Tribal travel and procurement policies, GSA regulations, and applicable funding requirements. Only necessary and reasonable business expenses will be reimbursed. Reimbursement is subject to policy compliance, required documentation, and available funding. Refer to the Travel Expense Policy for detailed guidance.



Travel Request Form

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EMPLOYEE NAME: _____ Division - Department: _____
TITLE: _____
PHONE NUMBER: _____ Account Number: _____
E-MAIL: _____ Budget / Project: _____
DOB: (IF FLYING): _____ Class: _____

TYPE OF TRAVEL: In-State Out-of-State Overnight Insurance Purposes

REASON/JUSTIFICATION FOR TRAVEL: _____

DESTINATION: City, State & Location of Event) _____

DEPARTURE DATE: _____ RETURN DATE: _____

TRAVEL REQUESTED & COST

Flight Lodging Mileage Vehicle Rental Per Diem Registration Fee

<i>Expense Type</i>	<i>Estimated Cost</i>
Airfare	\$
Lodging (rate/night): \$ _____ X _____ Nights	\$
Mileage (miles X rate): _____ mi X _____ Rate	\$
Vehicle Rental	\$
Per Diem	\$
Registration Fee	\$
Other: _____	\$
	\$
Total Cost	\$

Approval Signatures

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____
 Finance VP Signature: _____ Date: _____
 President's Signature: _____ Date: _____