FOOTHILL-DE ANZA
Community College District

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): _____

Ö^] æ‡¢ ^} ¢ _____

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/policies-and-procedures/ff-travel-policy.html

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

NOTE: Before completing this form, confirm the
current Standard Mileage Rate at URL:
ÁÁÁÁhttp://business.fhda.eduÐ [|åÃaˆ•Ëa) åÄ ¦[&^å˘¦^•Ëã{ ã^æˆ^Ëæ^Ë@¢{ |

Total Expense _____

Cash Advance _____

Due District _____
(if advance was more than expenses)

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 PurchasingÁand Contracting Authority at: http://purchasing.fhda.eduÐ

Revised 0I /FÍ /FÍ