HARTNELL COLLEGE

2026 TRAVEL AUTHORIZATION

Business Office Use Only
TA Number: _____

SUBMIT ALL TRAVEL REQUESTS 30-45 DAYS PRIOR TO THE DATE OF TRAVEL.

Attach ALL supporting documents & estimates to this form. Refer to ***Travel Instructions and Guidelines*** for additional travel info. Click **here** for GSA per diem rates, if unsure how to calculate or require further assistance, call 755-6800. **Incomplete/Incorrect forms will be returned.**

TRAVELER'S INFORMATION			
NAME & EMPLOYEE ID #	**NAME/ID #**	**JOB TITLE**	
DEPARTMENT/AREA		**PHONE #**	
EVENT NAME			
TRAVEL PERIOD	**FROM:** **TO:**		
DESTINATION Venue/hotel name + city, state, zip			
OUT OF STATE TRAVEL	**President's Approval Required:** Signed: _____ Date: _____		
OUT OF COUNTRY TRAVEL	**Board Approval Required:** Signed: _____ Date: _____		

ESTIMATED COSTS	VENDOR / DESCRIPTION	ESTIMATED COST
PERSONAL VEHICLE Attach a Google Map with mileage originating from assigned HC campus July 1, 2026 rate = .76 per mile	*Mileage is paid for personal vehicle use only. Driving Clearance is required **in advance** of driving for the District to be eligible for reimbursement.* Round Trip Mileage: _____ 0.76 per mile	$ 0.00
OTHER TRANSPORTATION (List ALL modes) Concur Estimate REQUIRED for Airline/Car Outside estimate required for other transport	Airline: Rental Car: Airport Shuttle/Other:	$
REGISTRATION FEE CHECK or CREDIT CARD REQUEST REQUIRED Attach a copy of Registration and Event Agenda		$
LODGING CREDIT CARD REQUEST REQUIRED List hotel name, nightly rate plus Resort Fees and Taxes in Estimate		$
MEALS Include GSA rate and number of travel (2) and non-travel days daily rate. Ex: 2@$59.00, 1@$79.00		$
OTHER EXPENSES Includes estimate of Airport/Hotel Parking, Road Tolls, Taxi, Shuttle, Uber, Lyft, Gas for Rental		$
NOTE: GL Totaling 100% of Estim Travel Expense REQUIRED TA CANNOT BE PROCESSED IF GL # BELOW IS LEFT BLANK	**Total:**	$ 0.00
GL #	**2nd GL #** (Inc Dist Amount or %)	

Submit via ADOBE SIGN to route for approvals signatures. Be sure to include any Check or Credit Card Requests as needed for Registration and Lodging in your Travel Authorization Packet, and include them for signature in the Signature Process.

AUTHORIZED SIGNATURES:

Traveler _____ **Date** _____

Dean/Director/Supervisor _____ **Date** _____

 # Budget Manager _____ **Date** _____

Vice President _____ **Date** _____