



HARTNELL COLLEGE

Business Office Use Only

TA Number: _____

2026 TRAVEL AUTHORIZATION

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 <small>Jan. 1, 2026 rate = .725 per mile</small>		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: _____		per mile \$
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: \$
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 _____