## Guam Community College Travel Request/Authorization

1. TO	2. FROM (Division/Department)		3. REQUEST DATE:	
MATERIALS MANAGEMENT/ FINANCE & ADMINISTRATION				
4. NAME OF TRAVELER	5. TITLE		6. BUDGET ACCOUNT CODE (FOAP)	
7. TRAVEL DESTINATION(S):	•		8. APPROX. LENGTH OF TRAVEL (DAYS)	
FROM:				
TO:			9. DATE TRAVEL COMMENCES	
10. DESCRIBE ROUTE PLANNED:			•	
11. PURPOSE OF TRAVEL (Describe in Full - use re	everse side if mo	ore space is required)		
12. TRAVEL ADVANCE REQUIRED (Attach memo re	equesting for an	y travel advances):		
13. SIGNATURE OF TRAVELER	DATE	14. SIGNATURE OF SI	ECTION HEAD (Include Name and Title) DATE	
15. SIGNATURE OF DIVISION HEAD (Include Name &	a Title) DATE			
16. ESTIMATED TRAVEL COST	TIMATED TRAVEL COST		17. PAYABLE TO (Complete Name & Address)	
A. TRANSPORTATION COST				
B. CONFERENCE/MEETING COST				
C. PER DIEM:				
D. MISCELLANEOUS				
	NOTE: Travel Policy specifies that airline tickets and meeting costs are to be paid through the Guam Community College Corporate Card, with minimum exceptions.		gh the Guam Community College Corporate Card, with	
TOTAL COST		=		
18. CERTIFICATION OF FUNDS AVAILABILITY: (Fir	n. & Adm. Div.)	19. PRESIDENT'S	S APPROVAL:	
CARMEN K. SANTOS, CPA, V.P., Finance & Admin		MAR	RY A.Y. OKADA, Ed.D., President	
20. RECEIPT OF TRAVEL ADVANCE				
Signature				