SANTA CLARITA COMMUNITY COLLEGE DISTRICT - COLLEGE OF THE CANYONS

FACULTY TRAVEL ARRANGEMENT FORM

All Travel Requests require a minimum of 30-day notice *with* Executive Cabinet Approval. Please submit a Travel Authorization Request Form for approval. Next, complete this form within 1-2 businesses days of approved Travel Authorization, and submit to Grant/ Budget Manager's Administrative Assistant to book/pay for Travel Reservations.

ARE YOU TRAVELING WITH STUDENTS: ☐ YES ☐ NO **IF YES, PLEASE COMPLETE THE FIELD TRIP REQUEST FORM. WILL THERE BE A SUBSTITUE FOR YOUR CLASS?** ☐ YES ☐ NO

FACULTY/STAFF NAME: _____ **DATE(S) OF CONFERENCE/EVENT:** _____

CONFERENCE/EVENT NAME: _____ **DIETARY RESTRICTIONS:** _____

CONFERENCE/EVENT ADDRESS: _____

*****PLEASE PROVIDE CONFERENCE INFORMATION OR WEBSITE LINK FOR REGISTRATION*****

Please select the following for travel arrangments:

TRANSPORTATION: ☐ **PERSONAL CAR** ☐ **RENTAL CAR:** _____ ☐ **OTHER:** _____
Please select **ENTERPRISE: ENTER PICK UP LOCATION** **SHUTTLE/BUS/FLYAWAY**

AIRLINE CHOICE: _____ **AIRPORT (DEPART) LOCATION:** _____ **AIRPORT (ARRIVE) LOCATION:** _____

DEPART DATE: _____ **RETURN DATE:** _____ **PLANE SEATING: (No Upgrades)** ☐ **FRONT** ☐ **MIDDLE** ☐ **BACK** ☐ **AISLE** ☐ **WINDOW**

CHOICE #1 / DEPART FLIGHT # _____ **CHOICE #2 / DEPART FLIGHT #** _____

CHOICE # 1 / RETURN FLIGHT # _____ **CHOICE #2 / RETURN FLIGHT #** _____

Travel Preferences will be selected, if available when booking.

FOR AIRLINE RESERVATIONS, PLEASE LIST THE NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE*: _____

DATE OF BIRTH*: _____ **CELL PHONE #*:** _____ *Alternatively can communicate to Admin via phone

EMERGENCY CONTACT NAME*: _____ **EMERGENCY CONTACT PHONE#*:** _____

TRANS. TO AIRPORT: ☐ **UBER/TAXI** ☐ **PERSONAL CAR** ☐ **SHUTTLE/FLYAWAY** ☐ **NA**
TRANSP.FROM AIRPORT: ☐ **UBER/TAXI** ☐ **RENTAL CAR** ☐ **SHUTTLE/FLYAWAY** ☐ **N/A**

TRAVELING BY PERSONAL CAR TO AIRPORT AND/OR CONFERENCE LOCATION, PLEASE PROVIDE A PRINTOUT FROM NAVIGATIONAL ONLINE PROGRAM FOR MILEAGE (NO GAS RECEIPTS ACCEPTED). IF TRAVELING BY RENTAL CAR, NO MILEAGE IS REIMBURSED (ONLY GAS RECEIPTS).

HOTEL NAME: _____ **HOTEL ADDRESS:** _____

CHECK-IN DATE: _____ **CHECK-OUT DATE:** _____

ROOM PREFERENCE(S): (No Upgrades) **BED SIZE:** _____ ☐ **SMOKING** ☐ **NON-SMOKING** ***ADA ROOM:*** ☐ ***YES*** ☐ ***NO***

Travel Preferences will be selected, if available when booking

ANY OTHER SPECIFIC REQUEST: _____

FUNDING (GRANT OR BUDGET NAME): _____ **GRANT OR BUDGET GL STRING #** _____

GRANT/BUDGET MANAGER NAME: _____ **GRANT/BUDGET MGR. ADMIN. ASSIST. NAME:** _____

PAYMENT METHOD:	AIRFARE	CONF. REGISTRATION	HOTEL	FOOD	TAXI/UBER	RENTAL CAR	PARKING	OTHER
DEAN'S CREDIT CARD	☐	☐	☐	N/A	N/A	☐	N/A	
OUT-OF-POCKET/REIMBURSMENT	☐	☐	☐	☐	☐	☐	☐	
INSTANT CARD	N/A	N/A	N/A	☐	☐	N/A	☐	
NOT APPLICABLE (No Expense)	☐	☐	☐	☐	☐	☐	☐	

COMMENTS: _____

*****PERSONAL LOG-IN ACCOUNTS WILL NOT BE USED FOR DISTRICT TRAVEL RESERVATIONS*****

AIRLINE/HOTEL RESERVATIONS ARE BOOKED DIRECTLY WITH VENDOR (NO ONLINE TRAVEL SERVICE, EXPEDIA, AIRBNB, ETC.).

IF YOUR TRAVEL IS CANCELLED, PLEASE NOTIFY ADMIN. ASST. ASAP TO AVOID CANCELLATION FEES.

FACULTY: PLEASE FORWARD THIS FORM TO THE GRANT/BUDGET MANAGER'S ADMINISTRATIVE ASSISTANT, AS THEY WILL BOOK/PAY FOR TRAVEL AND/OR REQUEST INSTANT CARD, AS NEEDED.

FACULY SUBMIT TRAVEL REIMBURSEMENT FORM WITHIN 10 DAYS OF RETURN FROM TRAVEL