TD:

Budget: _____

LOS ANGELES COMMUNITY COLLEGE DISTRICT
REQUEST FOR TRAVEL ADVANCE

1. Name of Employee: _____   **Employee No.** _____

Location: _____

2. Approved Conference Attendance Reference Number: TD _____

3.   Approval Expense Allowance:

        A. Transportation

        B. Hotel and Meals   _____

        C. Incidentals   _____

        Total   _____

4. Maximum Advance Allowed (90% of B & C)   _____

I understand that this advance is to be used for the purpose of hotel, meals, and incidentals related to the approved Conference Attendance and that a travel expense claim must be filed within 10 days after returning from the conference.

Signature of Applicant _____   Date _____

Warrant No. _____   Claim Due Date: _____

Attach approved Travel Expense Claim in duplicate

5.   Total Employee Expenses $ _____

6.   If the expense is greater than the advance,
        Amount due to employee $ _____

7.   If the advance is greater than the expense,
        Amount due to District (attached personal check) $ _____