



DISTRICT ACCOUNTS PAYABLE OFFICE  
**TRIP VOUCHER**

For Accounting Use Only
<b>BANNER ID:</b>
<b>BANNER INV:</b>

**Required:**

INDEX (6 digits)	FUND (6 digits)	ORG (6 digits)	ACCT (4 digits)	PROG (6 digits)	AMOUNT
<b>TOTAL:</b>					

Name (Please Print First & Last): \_\_\_\_\_

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For Location:                  Foothill College •          De Anza College •          District Office •          Foundation •

Destination \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

*Unless specifically authorized by the Chancellor or College President, meal amounts exceeding the per-diem limit will not be reimbursed. Moreover, if a conference registration includes meals as part of the fee, then per-diem for that meal may not be additionally claimed. See the Travel Policy at <http://business.fhda.edu/accounting/travelpolicy>*

Date:											Totals:
Breakfast											
Lunch											
Dinner											
Lodging											
Transportation											
Auto Rental											
Mileage											
Conference Fees											
Other (Explain)											
Totals:											

Total Expense \_\_\_\_\_

Cash Advance \_\_\_\_\_

Due District \_\_\_\_\_

(if advance was more than expenses)

NOTE: Before completing this form, confirm the current mileage rate at URL: [http:// business.fhda.edu/accounting/accountingpolicies](http://business.fhda.edu/accounting/accountingpolicies)

*I hereby certify by signing this form that the mileage requested hereon was necessary for college activities. I acknowledge that claims from a prior fiscal year will not be accepted for payment. I have met all the terms and conditions per the board travel policy.*

Requested by: \_\_\_\_\_  
                                     First & Last Name (Please Print)          Extension          Date          EMPLOYEE Signature (Required)

Approved by: \_\_\_\_\_  
                                     First & Last Name (Please Print)          Extension          Date          APPROVER Signature (Required)

Please refer to Delegations of Purchasing and Contracting Authority at: <http://purchasing.fhda.edu/policies>