



DISTRICT TRAVEL
AUTHORIZATION
FISCAL YEAR 25-26

Name _____ EMPLID _____

Title _____ Department _____

Usual Travel Budget _____

This is to authorize the above-named staff member to travel within Community College District 15 without individual authorization for Mileage Only.

Travel involving an overnight stay and/or Meal Reimbursements will require a Travel Authorization to be filled out and approved in ctcLink in advance of the day of travel.

I hereby certify under penalty of perjury that I will submit true and correct claims for expenses incurred by me. Claims will be filed as an Expense Report in ctcLink.

Signature _____

Date _____

Approvals: _____

Supervisor _____

Date _____

Budget
Expense
Manager _____

Date _____

Vice
President _____

Date _____